STATE OF MARYLAND

And I have a present their AUG 2.9 1986 - Mail Action 26 Aug.

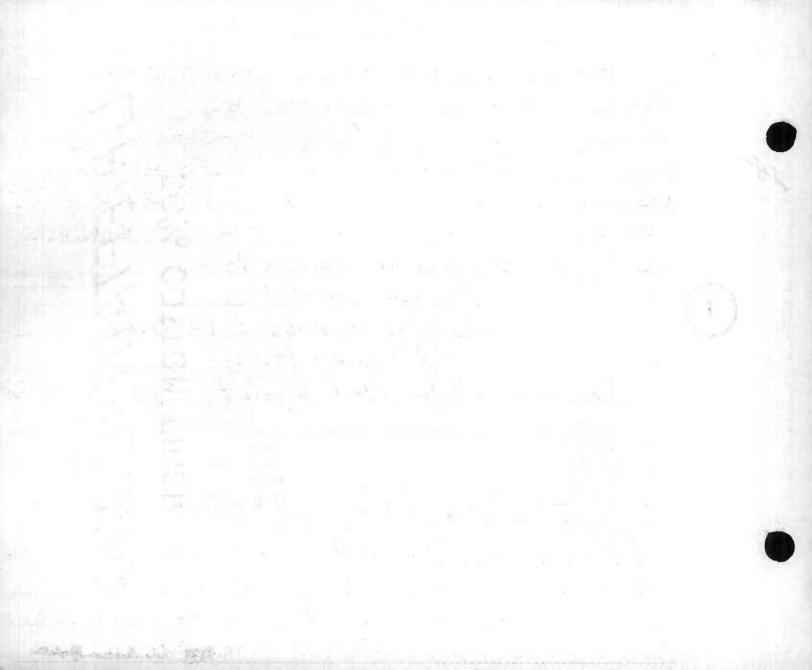
0 -	15458)	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND	MENTAL HYG	IENE 8	6 REG. NO	2	1 9	8	9
		10		EASED NAME	FIRST		MIDDLE		AST		20. DATE OF	DEATH	MONTH I	DAY YEAR	2b. HC	OUR 7
	oge 3 death	9-2	live	Kath	narine	e Flo	prence	Saw	yer				8 13	1986	170.	00 %
	Non od		3. SE>		4.	RACE		S. DATE C		31 TH	6 AGE INY	EARS LAST BIRT	HDAY)	IE UNDER I YEA	R IF UND	ER 24 HRS
TEN.	s of		30	Female		Whit	æ	MONTH 8	13	1926	60		YRS.	MONTHS DAY	HOURS	MIN.
	Page Pont	1		ETHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUNTR'	(? 8.	NEVED	MARRIED -		RE CITY OF		OF DEATH		2300
	nero n 72	C		nnsylvania		U.S.	A.	WIDOW	DK) D	NORCED []	Bal	timore	Coun	ity		MD.
-	within bed	A	10 CI	TY OR TOWN OF DEATH	1	1. NAME OF	HOSPITAL, NURS	ING HOME	STOTHER IN	STEM		OCCUPATION FOR MOST OF		12b. KIND E) INDUSTR		NESS OR
59	by the)(Essex	I	Hopkins	S Villag	e Apts		Ave.	TIME OF WOR	K FOR MOST OF	Homen			
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RYL/	引引入	27		THER'S NAME	AA I	DDLE	LAST		15 MOTHER	E'S MAIDEN NAM		MIDDLE			AST	
WA	9	X.	Mi	chaell	7.0	oott	Budas	h	Sus			MIDDLE		Petri		
RE,	P P F	54		AS DECEASED EVER IN		ED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORM	ANT		ADDRE	SS	2122		
MO	Pog Pog	1	No		(IP YES, GIVE V	WAR OR DATES]	090.22.	8134	Earl 1	Martin 6	5154 E	oeneze	er Roa			D
ALT	sicio pers. ol.			II CAUSE OF DEATH	Enter only	one couse per	line for (a), (b),	opd (cs.)			T 18		H-10		XIMATE IN	TERVAL ND DEATH
Ę.	phy n po moo		99	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Candlo hulmony Obner												
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DIVISION OF VITAL RECORDS,	w re been mit. T	5	CERTIFICATION	19a DATE OF OPERATIO	N	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20g AUTO	OPSY?	20b. IF YES	, WERE FINE	INGS US	SED
L RE	has has perr	7	IFIC			TUBE					YES 🗆	ПОИ		YING CAUSI	S OF DE	
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	of of shoot shoot			URIAL, CREMATION RE		23b DATE		NAME OF C	EMETERY OR	CREMATORY	23d LOC/	ATION				
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				NERAL DIRECTOR				Art I		25a DATE	REC'D. BY R	EGISTRAR	75h REGIST	RAR'S SIGNA	THRE I	alle
	DHMH - 16 60M 7/ (VRA 15, 4)	B4	Wa	alter Brooks	s Bra	dley I	nc. Balt	o., Md	. 2122	2 AL	G 15	1986	A marie o	usundom	-Maria	

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THE E. HUSTEN.

		1	STATE OF MARYLAND	
		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 6 2 9 9 2	
0 1	0100	' `	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
U 1	0100		FASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR	-
	oge 3	{TYPE	PAUL R. SCHULTHEIS AUGUST 15, 1986 M	1 .
	oy de	3. SE		- "
	offe.	C	MONTH DAY YEAR MONTHS DAYS HOURS MIN.	-
	a s d	1	1ALS WHITE RUG. 18, 1920 65 YRS.	
-	2 22 2/		RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY OF DEATH	
		1	IARYLAND U.S.A. WIDOWED DIVORCED DALTIMORS LOUNTY MD	
•	1/10	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR	
= 1	2 11 10	To	SINDUSTRY DISPATCHER DORESS) OUSON OSPATCHER EXXXON	
2 1	1 11 1	USU	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
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8	1 1250	14. FA	FIRST MIDDLE LAST FIRST MIDDLE LAST	
×	1 1100		HARRY A SCHULTHEIS HEARISTTA MIDDLE BORCHERS	_
S.E.	xec and a dica		VAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
N N	Poor		ES W.W.II 218 18 0178 FAMILY KECORDS	
ALT	d os		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
	111		PART I. DEATH WAS CAUSED BY:	
S	5 (F& F:)		IMMEDIATE CAUSE (8)	-
0	£ (872)	1	Conditions, if any, which (b) Saconseouence of ABS-E Pulphuse	
RES	0 000	100	Conditions, if any, which gove rise to immediate	-
> A	4 4 4 4 4		couse (o), stating the UNETO, OR AS CONSEQUENCE OF Underlying couse lost.	
2	that solve of co		onderlying coose lost. (c)	_
5, 20	a dist	1.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT HAT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
RECORDS,	The state	CERTIFICATION	Grabelle Villetin Well Brushert - BKanolle Story	7
8	1 1111	18	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMEN 198. AUTOPSY? 198. IF YES, WIRE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	7
F. R.	36 38 37	I Ě	YES NO NO YES NO NO	
TI.	THE BURNEY	1 %	21s. ACCIDENT WAS UNDERLYING [] 21s. TIME OF INJURY	-
DIVISION OF VIT	35 1127		OF CONTRIBUTING CALDED FOR ATH HOUR A.M. MONTH DAY YEAR	
Z	TS STATE A	MEDICAL	(RETHER HOTHS MEDICAL EXAMINE) P.M. 19 21d. INJURY OCCURRED 21d. PLACE OF INJURY 21f. LOCATION	-
ISIO	五五 五五五 五	ME.	WHILE THE HOME STREET FACTORS OFFICE FARM ETC. STREET CITY DISTORN COUNTY STATE	
>IQ	State of the state		A) worse all worse	
	2 - 8 5 F F		176.1 certify that (I) (the hospital) attended the decigned from 19 to 5/1 to 5/1 the first that (I) (wh) last	
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	of to ho		774 FIGURATURE 274 DATE SIGNED	
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	E- 675 4 T	1	TRE ADDRESS	20
	HOSPITA FUNERA Ald be de 1 the Stort		Danie III Manie Bang Sieglingen Die	
	08 281 \$ +	22.	BURIAL CREMATION, REMOVAL 1236 DATE 1236, NAME OF CEMETERY OR CREMATORY 1236 LOCATION	=
		230.	CITY OR TOUR!	
	BP	1	SURIAL 8-19-1986 GARRISON FOREST BALTO BALTO MARYLAN	70
	DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR NAME ADDRESS A	
	(VRA 15, 4)	3	VANSCHAPSLOFCHIMES YORK RD. AUG 26 TOR Subinteriden Poplar	4

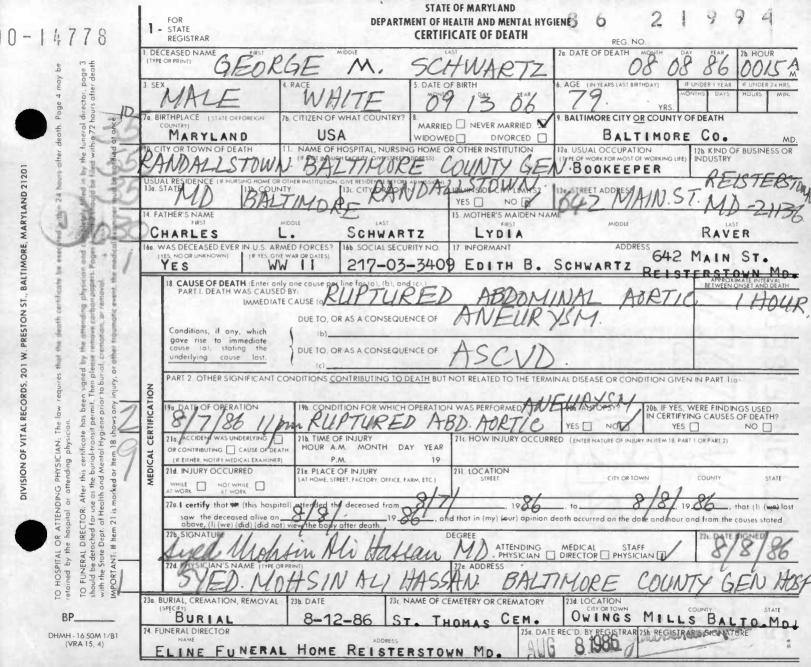


10000	1.	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1993						
- 16922		CEASED NAME FIRST ELSIE	RUTH	SCHW	ALM	August 30, 1986	YEAR 26 HOUR 4:10P						
moy er d	3. SE	X	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS						
ge 4	1	Female	White	June	9, 1893 YEAR	93 YRS.	MONTHS DAYS HOURS MIN.						
unos tra		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUN	MARRIE WIDOW	D NEVER MARRIED A	Baltimore City or Count							
13	Towson		11. NAME OF HOSPITAL, N (# NOT IN SUCH FACILITY, GIVE Presbyterial	IURSING HOME (E STREET ADDRESS) IN HOME O	f Maryland	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY Retail						
24 hours	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136: COUP	OTHER INSTITUTION GIVE RESIDENCE NTY 134 CITY OF Balt:	e BEFORE ADMISSION) R TOWN IMORE	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD 4627 Edmondson	^E Ave. 21229						
mpletel	14. F	Henry	Schwa.	lm	15. MOTHER'S MAIDEN NA Elizabeth		Michel						
execut and co ages		WAS DECEASED EVER IN U.S. AR											
Pog P	1	YES, NO OR UNKNOWN) (IF YES GIV	216-16	0-3641	R.Robertson	400 Georgia Ct.	Towson, Md. 212						
physicial npopers. mayor, the		IB CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	aly ane couse per line for (a), I D BY TE CAUSE (b)	b, and ic.	INATION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
that the death of the ottendir ease remove carlol, cremation, or in other traumation.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	R G		18	4 DAYS						
equires n signed Then pli r to burn injury, o	NO NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
he low r on. has bee t permit. ene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	ON WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO						
CIAN: T g physici g physici ertificote iol-tronsi intol Hyg rem 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEL	AIN	H DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART ?)						
offending of the formula of the form	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE						
TTENDIR pital ar TOR: Af for use of Health		270 1 certify that (1) (this hasping saw the deceased alive an above, (1) (was (die)) (did no	stol) attended the deceased in the state of	-536	nd that in (my) (aux) opinion	deoth occurred on the date and ha	, 19, that (I) (we) last ur and from the causes stated						
PITAL OK A by the hos ERAL DIREC Stote Dept. ANT: If hem		276 SIGNATURE SWOOLD X	obove, (I) (we) Idid) (did not) view the body offer deoth.										
TO HOSPITAL retained by the TTO FUNERAL should be deto with the Stote IMPORTANT: I		<u> </u>	Sommerville			ginia Avenue 212	04						
BP	B	BURIAL, CREMATION, REMOVAL (SPECJEY) UTIAL	23b. DATE 9-3-86	Wester		Baltimore City							
DHMH - 16 60M 7/84 (VRA 15, 4)	1	UNERAL DIRECTOR 1 tchell-Wiedefe		Press York Roa	0	EP 3 1986	TRAR'S SIGNATURE						

STATE OF MARYLAND

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PARYLARD USA SOOKEEPER OF CHARLES L. CHWARTZ LYDIA KAVER BY II 277-02-3403 COLTH 3. SCHRARTZ REISTERSTORN 10.

BALTIMORE CO.

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BURIAL C-12-85 T. THORAS CEM. CWINGS MILLS BALTO. TO.

LING FURGERAL HOME NEISTERSTOWN D.

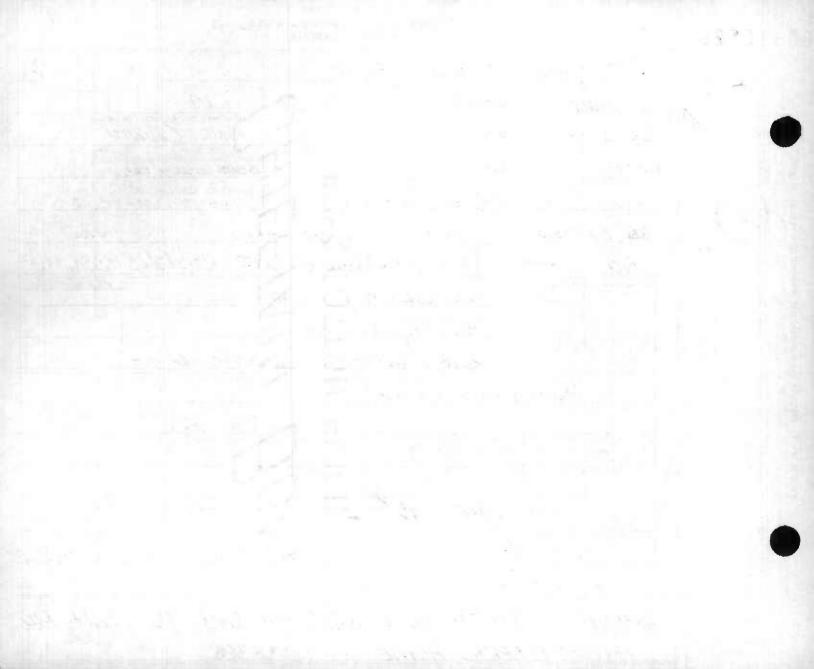
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DIVISION OF VITAL RECORDS

STATE OF MARYLAND

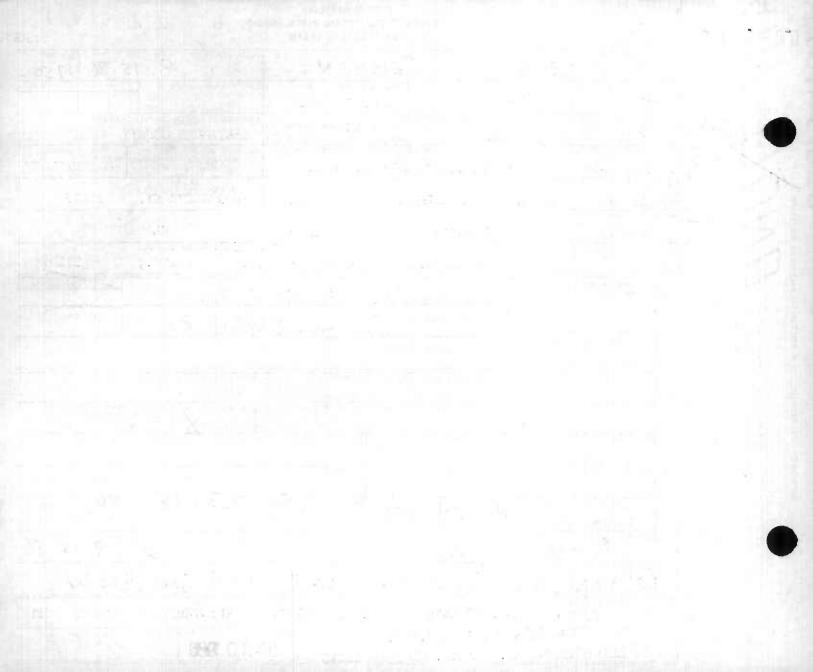


15525	$ _{1}$	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENB 6 2 1	991						
13373		REGISTRAR			REG. NO.							
m £		CEASED NAME FIRST	MIDDLE	LAST	0	DAY YEAR 26 HOUR						
may be poge 3 ter death	L	JAME		Scott		4.86 10 P						
Softer p	3 SE	MALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 04 05 09		IF UNDER I YEAR IF UNDER 24 H						
a pod		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH						
and of the cost	1	BANE, VA	USA	WIDOWED DIVORCED	Balto. Coun	174						
offer d		BALTO	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UMCC	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JUSU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE			21100						
(a 135			NOALISOWA RANDA	LSTOWN YES NO Z	13e STREET ADDRESS / ZIP CODE	RTY, R83						
をいまれる人	14. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST						
- CASIL		BEED MATTHEW		MARGA	RET	MOORE						
Poges Poges			VE WAR OR DATES)	1 /	COTT Randalls	stown, MC						
the death certificat the ottending physis remotion, or removo remotion, or removo her fraumatic event,		18. CAUSE OF DEATH LETTER only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cauthous pinatory are to immediate cause (a), stating the underlying couse lost. (b) Non Hodglin's Lymphena DUE TO, OR AS A CONSEQUENCE OF Underlying the underlying couse lost. (c) Rappa again of their prob! fuver, twice, twice, twice, the couse of the prob!										
irres that igned by en please burral, c	7			DEATH BUT NOT RELATED TO THE TERM								
requestre The Parts	I E	H/O bleed		CVA								
The low icion.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?						
PHYSICIAN. The anding physicic this certificate to buriol-transit of Mental Hygis dar Item 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)						
ke o the o	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT MOME STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE						
VDIN Lor of Use os lealth		22a.1 certify that (1) (this hasp	ital) attended the deceased from	818 19.80	, to 8,14,1	19 86, that (I) (we)						
ATTEN Septial CTOR d for up of He m 21 is		saw the deceased alive ar	of view the body after death.	, and that in (my) (aur) opinion	death accurred on the date and hour	and from the causes stated						
OR ho		226 SIGNATURE	lab	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED						
TO HOSPITAL of retoined by the TO FUNERAL I should be detoined in the Store E IMPORTANT: If		220. PHYSICIAM'S NAME (TYPE	ORPRING H	22e ADDRESS	J DIRECTOR PATSICIAIN BE	1 8 7 7 0 0						
Show the state of	22-	0/ 0/	100,0475	LAME OF COMPANY OF STREET	Test to Carlos							
BP		BULLAL	336. DATE 8-17-86 W	ands Chapel Cen	23d LOCATION Randallstown	Balt. M.						
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	ADDRESS	25a. DAT	E REC'D. BY REGISTRAR 256. REGISTR	PAR'S SIGNATURE						
(VRA 15, 4)		HAIGHTA	DIVERAL HOI	ME NIG !	5 1986 S	Margaret and						

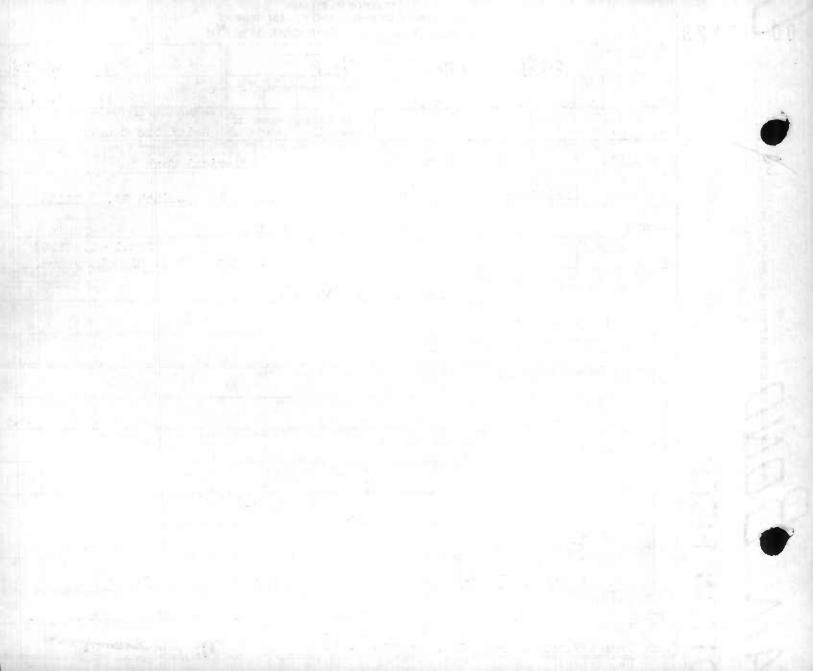


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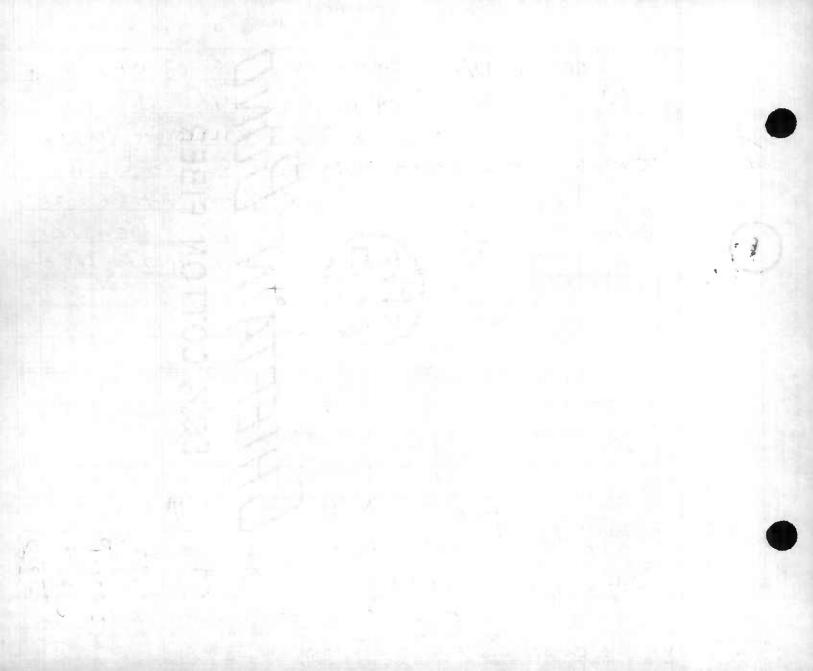
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a, pe	den 4	{ TYPE	EASED NAME OR PRINT)	LEO	N	MIDOLE		MAN	20. DATE OF DE	8.		36	26. HOUR 1750 M				
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() () () () () ()	(M)7	Î	RTHPLACE (STATE OR FO		USA	WHAT COUNTRY?	WIDOWE		BALTIMORE COUNTY								
5 LA	135	RAI	TY OR TOWN OF DEAN NORTH		BALT I	HOSPITAL, NURSIN THEACHTY, GIVE STREET / MORE COUN	120 USUAL OCI	R MOST OF WORKING	LIFE) INDI		TOLOGY						
AND A	P p p 555	13a. S MA1	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COLVIY BALTO. BALTIMORE 136 INSIDE CITY LIMITS? 136 STREET ADDRESS. ZIP CODE 6909 ALTER ST.								DE #	2120	07				
RE, MARYLAND	330		THER'S NAME FIRST ABRAHAM			EIDMAN		15. MOTHER'S MAIDEN NA ZELDA	A		NBAUM	AUM LAST					
BALTIMORE,	on ond co		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	21930772		6909 ALTER		REGINAAD ELDMAN ST. BALTO., MD 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA							
201 W. PRESTON ST.,	n signed by the ottending physic Then please remove carbon popp to burial, cremation, or removol injury, or other traumatic event, i	NOI	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) On as Side Heart Due to, or as a consequence of Abdominal Wall. Ca Due to, or as a consequence of Underlying couse lost. Due to, or as a consequence of Underlying couse lost. Due to, or as a consequence of Underlying couse lost. Due to, or as a consequence of Underlying couse lost.														
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DIVISION OF VITAL RECORDS,	gated as attending physical TOS, After the conficate for use as the build-transit of Membring at Health and Membring 21 is marked to then (Bin)	MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING CONTRI	AUSE OF DEAL EXAMINER) RED INE (this hospit	21e. PLACE IAT HOME, ST	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET 11 LOCATION (my) (our) opinion	, to 8	TITY OR TOWN	, 19 S	om the					
O Maria ou	O FUNERAL DIRECTORING CONTROL OF THE PROPERTY		sow the deceased alive an obove. (I) (We) (did) (did not) view the body ofter death. 19 80., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (We) (did) (did not) view the body ofter death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR D														
-	BP			IAL		17,1986	BALT	EMETERY OR CREMATORY 'IMORE HEBREW		STERSTOW		LTO					
Dł	HMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME 010 REISTE			& BROS I BALTO. MD		21215 AU	6 2 0 19	BB 255 REG	ISTRAR'S S	IGNAT	URE				



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	ARY, PLEASE DIRECTOR. OUR FILES. ON STREET,	3 SEX	4. RA	CE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE		DER TYR.	HOURS A	HRS. 2c. DA'	UNCED	MONTH (DAY	39
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		FOR	DEDAG	STATE OF MARYLAND	course (S)	2001
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is that the death ac ed by the attendin please remove carb irial, cremation, or it		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECUTIVE TO, OR AS A CONSECUTIVE TO, OR AS A CONSECUTIVE TO THE CONSEC	NENCE OF	line	
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BP		SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE/7/87/	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	CAMBRIA PA.
DHMH - 16 60M 7/84 (VRA 15, 4)	1 9	UNERAL DIRECTOR SEPH L. CANBY	12590 1NO/1 ADDRESS 14-EST ERIE		ATE REC'D. BY REGISTRAR 256 REC	
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MARYL	de Servithi	14 FA	Samuel	Ĥ	Gre Gre	ssitt	7	15. MOTHER'S MA		R. MIDDLE	Sec	ott	
BALTIMORE,	n ond comp		(AS DECEASED EVER II ES, NO OR UNKNOWN) NO	N U.S. ARME			SECURITY NO.	C. Rober	t Sie	ck Same	5	- 9-	
, 201 W. PRESTON ST., I	equires that the death certificate in signed by the attending physici. Then please remove carbon paper rip burial, cremation, or removal, injury, or other traumatic event, the	NO	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	which ediote in the last.	DUE TO, OR (b) DUE TO, OR (c)	RESP RAS A CONS RAS A CONS	SEQUENCE OF	ncer w	ith o	netas asis			NATE INTERVAL NOSET AND DEATH
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	by the ERAL D State D State D NNT: # 1		Carla 22d. PHYSICIAN'S NA	ME (TYPE OR PI	Olex RINT)	Can	dei,		NDING SICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NX	8/2	8/86
	TO HOSP retained TO FUNI should blow, with the IMPORTA	23a E	URIAL, CREMATION, R	REMOVAL	EX AI	DER	23c. NAME OF	CEMETERY OR CREM	MATORY	1230 LOCATION	E Dulk	mey	VALLEY KU.
	BP		Buri	al	8/30/	1986	Druid	Ridge Cem		Pikesvill			Md
	DHMH - 16 60M 7/B4 (VRA 15, 4)		tchell-Wie	defeld	Home	6500 ^{ADD} Y	ork Rd.	11 20		REC'D. BY REGISTRAR 256 SEP 3 1986			- Contraction

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Bradley Spitz, M.D

236. DATE

230 BURIAL CREMATION REMOVAL

Burial

Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave Dundalk, Md. 21222

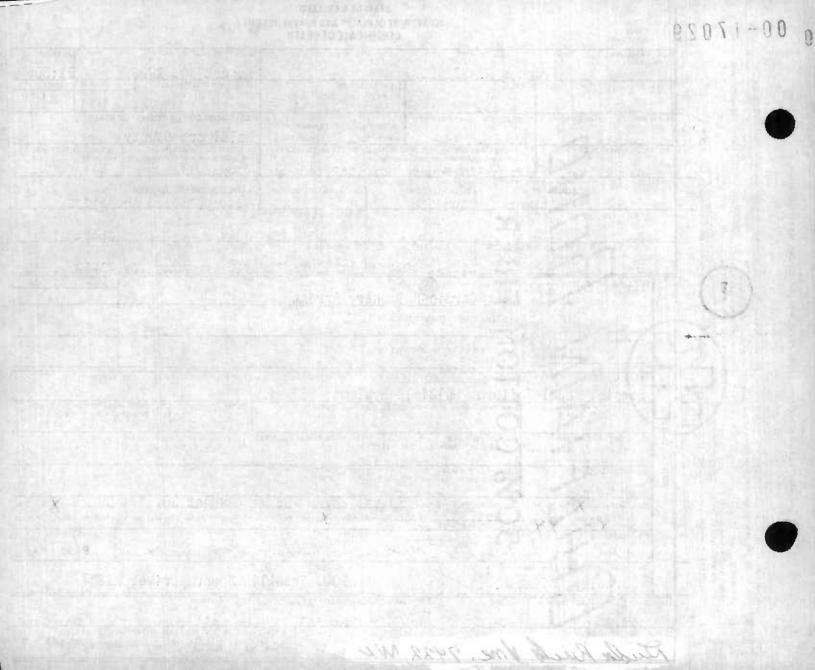
230 NAME OF CEMETERY OR CREMATORY

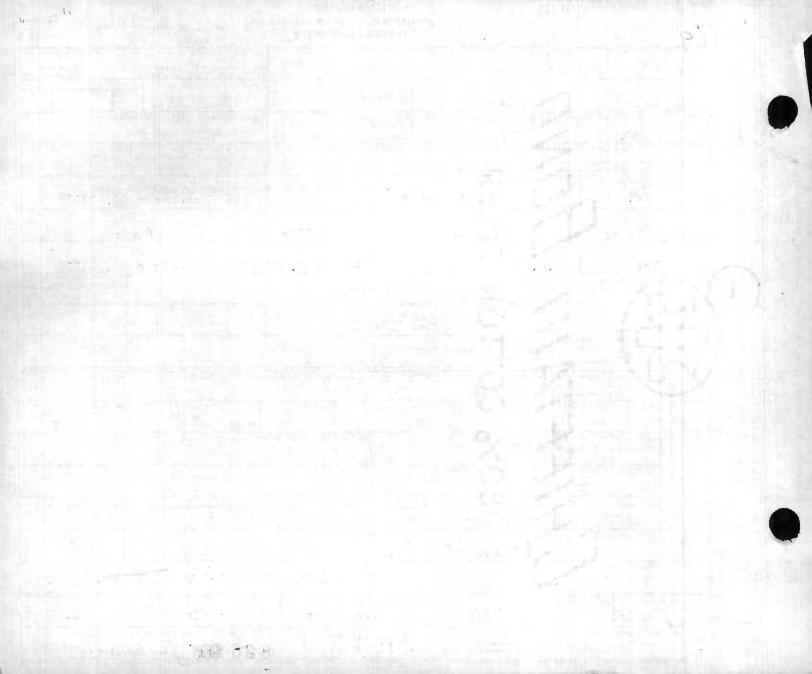
Bel Air Memorial

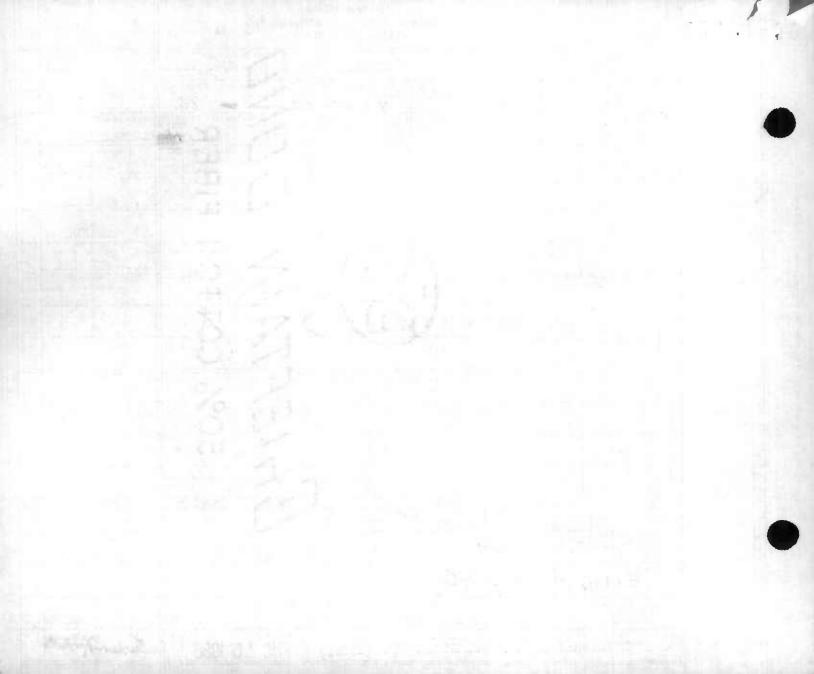
23d LOCATION

Baltimore 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1986 - William Mindall

Maryland







STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTS OSEPHINE 160 4 RACE AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR 10 TEMALE TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED [CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21205 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME AA SODLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO DUNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: METASTATIC ADENO CAIZCHOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? NOT YES | NO [21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f. LOCATION 214 INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE WHILE 22a | certify that (1) (this haspital) attended the deceased from _____ saw the deceased plive on. __, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MD. FUNERAL old be deto DIRECTOR PHYSICIAN PHYSICIAN PORTANT. 22d PHYSICIAN'S NAME (TYPE OF PRINTS 22e ADDRESS VERGARA - SOBREC 2947 ST. PAUL ST. BALL. MD. 21268 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF STA

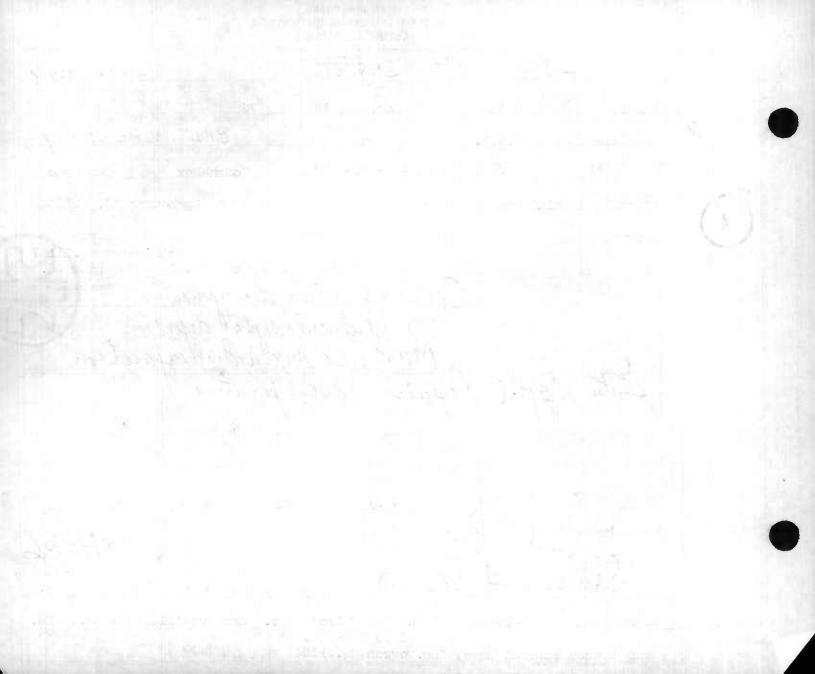
Sept 2 - \$60 physical artists

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR 30 DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR BRIDGE FIWIN SMITH A. IF LINDER I YEAR 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 3 SEX 5. DATE OF BIRTH MONTH Male White March 6 1912 TO BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED USA Baltimore County New Jersev DIVORCED T NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Catonsville Meridian Fustings Ave. Machinist 21236 Balto. 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Balto. Chapel Town Circle A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Nels Degn Smith Marv ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN 091-14-2644 Catherine Smith 136 Chapel Town APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I PART I. DEATH WAS CAUSED BY. ACUTE CVA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PULMONARY EDEMA ASCVD Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DECUBITUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF FITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE [220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an S/27 19 86 , and that in (my) (and apinion death accurred on the date and hour and from the couses stated 724 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 27e ADDRESS 5800 ComONDSON AVE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation 8-28-1986 | Westview Balto Md 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Weber Funeral Home 5311 Edmondson Ave. (VRA 15, 4)

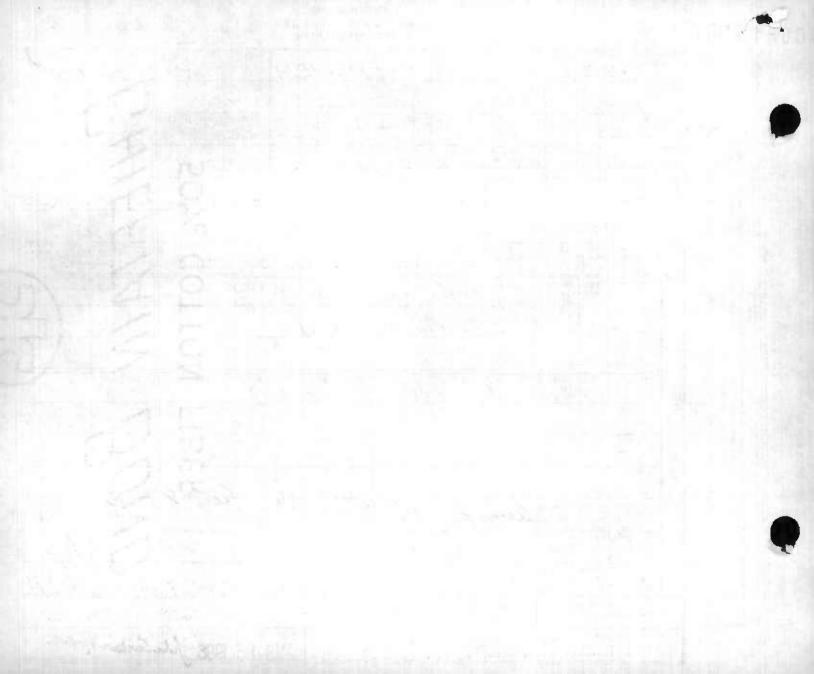
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ge 4	1	Female	White	г	Dec. 25, 1909	76 Y	'RS	
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p 3	10 C	Maryland ITY OR TOWN OF DEATH	11 NAME OF HOSE	TAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND C	OF BUSINESS OR
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11000	1	Emory		Smith	Kate			ter
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Pogn.		No		0-38-8353	Charles C.	Snyder, Jr14	33 Warehi	me Rd.
person.		18 CAUSE OF DEATH (Enter	anly one cause per line	folio ogist	1 2	1	APPRO) BETWEEN	XMATE INTERVAL
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of He		sow the deceased dive on above, W (we) (and (isk)			and that in (199) (our) opin	nian death occurred on the date an		74
RECI ed f ed f ed f		27b. SIGNATURE	oc few the body of	deoth.	Ne toper		22r DA	SIGNED -
DIRE Oched Dept		XIL	ul II	7/1	ATTENDIN		8/-	72/81_
NT.	-	226, PHYSICIAN S NAME (TYP	<i>y</i>	0	PHYSICIAI 22e ADDRESS	N DIRECTOR PHYSICIAN	0 101.	- jox
FUNERAL OID be det		AALLY	1 6	I EE A	1) ME ADDRESS			2130
TO FUNERAL should be detained by the State with the State MPORTANT:		OMNUE	C.4.	UL-111	1620	YORK HOAD	TOWSO	D MD
F 8 3 S		BURIAL, CREMATION, REMOVA	AL 236 DATE	23¢ NAME	OF CEMETERY OR CREMATO	RY 236 LOCATION	COUNTY	STATE
3P		Entombment	8-25-86	Dul	aney Valley Ma	us. Cockeysvill	e, Balto	o., Md.
ALL NA 4004 7/0:	24 F	UNERAL DIRECTOR				DATE REC'D. BY REGISTRAR 256 RE		
MH - 16 60M 7/84 (VRA 15, 4)		Ruck Towson F	uneral Home	ACODRESS INC. TO	wson, Md. 212d4	AUG 27 1986 7	And de la constitución	and the same
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STATE OF MARYLAND



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME MONTH 2b. HOUR THE CHARGO Sprecher. Jr. 24 86 Carl 5. DATE OF BIRTH # UNDER I YEAR IF UNDER 24 HRS 4 RACE AGE (IN YEARS LAST BIRTHDAY) 19 Male White YRS BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED DENEVER MARRIED Baltimore County Maryland DIVORCED T WIDOWED IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 21221 Essex Williams Ave. Car Salesman Bob Davidson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE Baltimore 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Maryland 1586 Williams Ave. Balto.Md. NO PA 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE AAIDDI F Nellie VanCleaf Carl Sprecher.Sr IN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS HE HO DELEKNOWN) Patricia Sprecher 1586 Williams Ave. 220-07-4280 (es CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. 42 postic IMMEDIATE CAUSE (a) resultace Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) This hospital attended the deceased from. and that in my (aur) apinian death occurred an the date and have and from the causes stated abave (1) (we) (did) (aid nat) view the body after death 225 SYGNATURE DEGREE 226 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN I 22e ADDRESS Risch. M.D. Johns Hopkins Hospital Baltimore, Maryland 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Baltimore, "Maryland STATE 8-27-86 Burial Parkwood Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MHOI BELAIR Rd DHMH - 16 50M 4/B3 BALTO . MD. 21236 AUG 2.8 1986 (VRA 15, 4) LOSSAHN Tunetal

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2h HOUR I DECEASED NAME (TYPE OR PRINT) VERNON H. STEFFE August 13. 1986 5:00 AM 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX May 27. 1901 YEAR White. Male BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County 8 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Catonsville Painter Painting 6 Bishops Lane 13e STREET ADDRESS / ZIP CODE 136 COUNTY Baltimore Catonsville 6 Bishops Lane 21228 Maryand 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE James Buck Steffe Carrie ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 213-05-7356 Loretta Steffe Same as # 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF oronary gave rise to immediate cause (0), stating the stenosis underlying cause last NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 110 carcinoma 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) MEDIC 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and have and from the causes stated obove, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [8-13-86 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) M.D. 1311 Francis Avenue, Arbutus, Md. 21227 McCurdy Bruce 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE Sykesville Lake View Memorial Burial Carroll Maryean 8/16/86 Elera Brasell C. Witzke Funeral Homes P. 1630 Edmondson Avenue, Catonsville, MD. 21228 DHMH - 16 60M 7/84 Win Dandon (VRA 15, 4)



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BP		BURIAL, CREMATION, REMOVAL		Name of cemetery of crematory Most Holy Redeemer	Baltimore	COUNTY STATE
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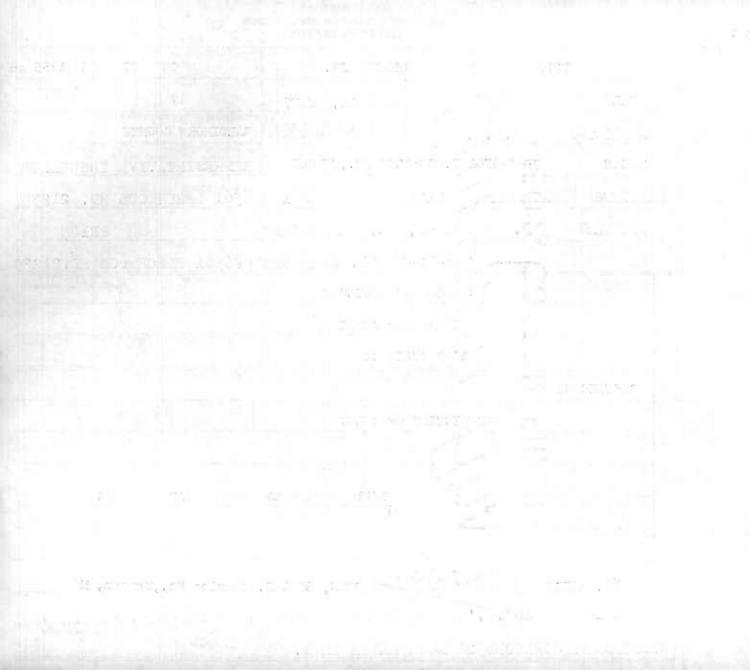


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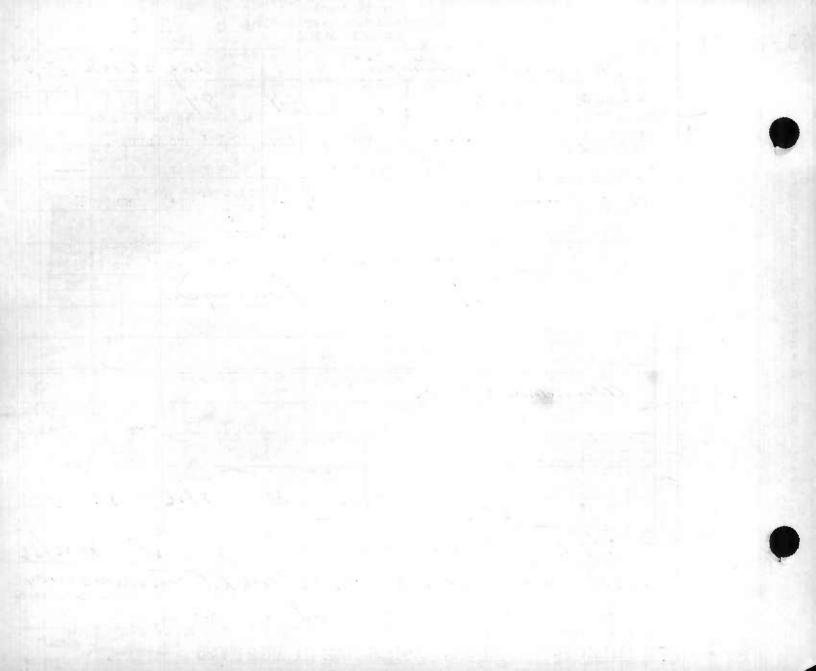
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of a cartificate bus been signed by the attending physician and completely filled in by as the burial transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled in by as the burial transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled in by as the burial transit permit or and mental hygiene prior to burial, cremation, or removal.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMIN GASTRIC CA								CONDITIO	N GIVEN IN	N IN PART 10		
bee bee	CAT	196 DATE OF OPERATION						N WAS PERFORMED	20a AUTOPSY?		IF YES, WE	RE FINDIN	GS USED	
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RECIPER PPT. 0		obove, (I) (we) (did) (d 22b. SIGNATURE	id not) vi	iew the body	ofter death.			DEGREE				22c DATE S	SIGNED	
the person of th				1	1 -	1		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF				
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(VRA 15, 4)	W.	ILLÎAM E. J	OHN	SON85	521 LC	OCH	RAV	EN BLVD! AL	10 0 190K	0	-			

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINT) Sullivan ar querile 5. DATE OF BIRTH 6 AGE | IN YEARS LAST BY THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR DAY 897 THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Maryland DIVORCED [Baltimore County M. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home maker Saint Joseph Hospita Towson SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13K COUNTY 136 STREET ADDRESS / ZIP CODE 6606 Glenoak Avenue 113d. INSIDE CITY LIMITS? Maryland Baltimore 21214 YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mathias Flury Mary Lambdin ADDRESSBaltimore, MD 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 217 12 7415 Gloria Russell 6606 Glenoak Ave 21214 No 18 CAUSE OF DEATH (Enter only one couse per fine to a), (b), and PART I. DEATH WAS CAUSED BY. 165/ ructive almonden hronic DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION č 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that # (this hospital) attended the deceased from 19 56 sow the deceased alive on, and that in (Ay) (our) opinion death occurred on the date and hour and from the causes stated m view the body efter death 22b. SIGNATURE DEGREE 22c. DATE SIGN ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS 9 4 Joeuson MO 21204 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREM WORY 23d LOCATION Burial Baltimore National Cem 8/29/1986 Baltimore, MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Dippel Funeral Home Inc 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 markerion - margalle 7110 Belair Road Baltimore, Maryland 21206 (VRA 15, 4)



LA SECTION OF THE CAME CONTRACT OF THE CAME CONTRAC se le June 3, 1907 75 ic en ile alts. 1 unrefer For and an Events Charles Contract reign of the same of the The state of the s Lin. Day: Mr. Hand, Mill Gers Gerschit of Hospital, Salton, Mill Ma Euril Floring County Han wine and . York For Title, June 11:11

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Top ter d	3. SE	х ,	4. RACE		5. DATE OF BIF		6. AGE UN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
s of		Female	White	9	Dec.	30, 1926	59	YRS.	DATS	HOURS MIN.
O KB		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WE		MARRIED WIDOWED	NEVER MARRIED DIVORCED		more County		MD.
15 58	10. C	Towson		ACILITY, GIVE STREET	(DORESS)	THER INSTITUTION		JPATION AOST OF WORKING LIFE Maker	INDUSTRY	Home
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M 1930	14. F.	ATHER'S NAME FIRST Walter	WIDDIE	Hook	15. /	MOTHER'S MAIDEN N Berthena		DIE [Dyche (AS	
ALTIMORE; te be execcition and coors. Pages 3). the medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	66. SOCIAL SECU 204 26_4		H. Donald		DDRESS Balto	o. ME)
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the outending physicion. Her this certificate has been signed be so she build-stoosis permit. Hen pleo the and Mental Hygiene prior to burial, and Mental Bishaws any injury, or a conteduct term 18 shows any injury, or any endirection.	CERTIFICATION	PART 2. OTHER SIGNIFICANT BACT 190. DATE OF OPERATION	EREMI				MINAL DISEASE OR	20b. 1F YES	, WERE FINDIN	4GS USED
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TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR: A should be detached for use; a with the State Dept of Health		22a I certify that (I) (this has sow the deceased alive a obove, (I) (w) (did) (did r 22b. SIGNATOR) 22d. PHYSICIAN'S NAME (TYPE A LBERT D	on Not view the back of	ter death.	DEGINE DE	The strict of th	MEDICAL PI	STAFF HYSICIAN _	22c. DATE	
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR Henr NAME 905 York Road				A	JG 1 9 198	1 Problem 4	RAR'S SIGNAT	of delle

TO A STATE OF THE PARTY OF THE Harris Can Home x Batt Eallone L., 21284 United E. House Estimant Lytche H. Dines son was, Batto, Na the state of the s enter code enter les electrics, NB Year Hosa Balto., MD 121

Martin D. Lawson, 10 W. Padonia Road, Timonium

(VRA 15, 4)

STATE OF MARYLAND

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO LAST DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI Violet Swisher August 8 . 1986 4. RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX MONTH DAY YEAR 29 1931 Female White 10 54 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRYS West Virginia U.S.A. Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Dundalk 2021 Ormand Road Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore Dundalk 2021 Ormand Road 21222 Maryland YES [] NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Lottie Alonzo Hare ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-28-3323 James D. Swisher No Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 101.1 PART I. DEATH WAS CAUSED BY LAND COMA IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF 4 MONTL NIETRITATIL BENT Conditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21E LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE WHILE 22a I certify that (1) (this hospital) ottended the deceased from. sow the deceosed dive on above, (1) (we) (did (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

should b

8

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

224 PHYSICIAN'S NAME (TYPE OF PRINT)

MILYAKL

Cremation

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OR TOWN

Westview Baltimore

COUNTY

Maryland

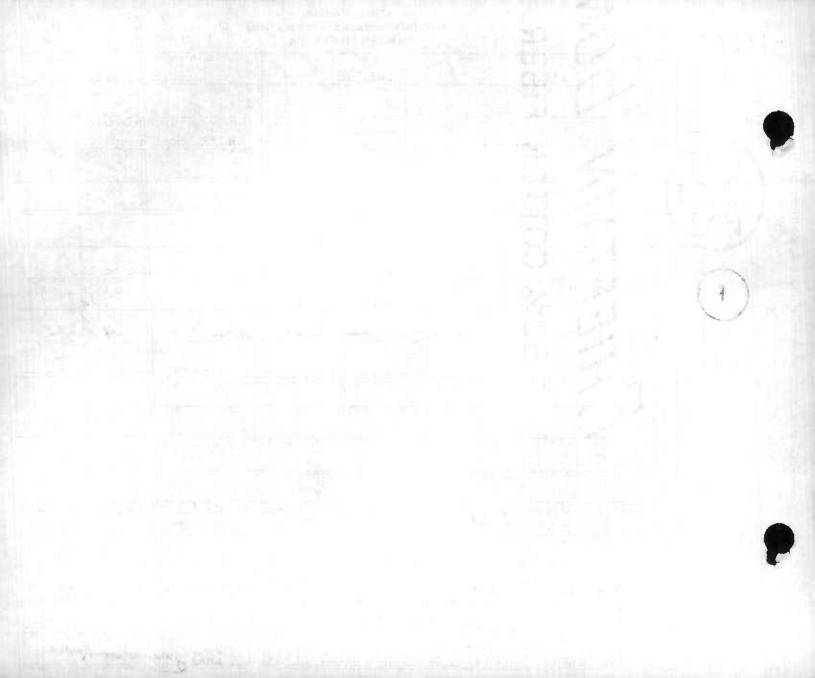
24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

PVATAIL

8/9/1986

Dundalk, Maryland 21222

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

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00	-15427	1.	FOR STATE 8/21/86 rja REGISTRAR	F.H.	DEI ARIN	CERTIF	CATE OF DEATH	3	O REG. NO	2 2	0 3	0
	. m.e		CEASED NAME FIRST	MIDI			ST OD	20	DATE OF DEATH	MONTH D		2b. HOUR
	oy be		RAYMOI		•		LOR			8 13		M
	frer of	3. SE	TOTAL VIOLENCE OF THE PARTY.	4. RACE		5. DATE O	F BIRTH DAY YEAR		GE I IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN.
	oge 4		MALE	White		Aug.	26, 1921		64	YRS		
	h. Po		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WH	fat country?	8. MARRIED	NEVER MARRIED	9 B	ALTIMORE CITY O			
	1110		est Virginia	U.S.A		WIDOWE			BALTIMOR			MD.
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YLA	thing the state of	14. F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	NNAME			(AS)	
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RE,	es lo		VAS DECEASED EVER IN U.S. AR		b. SOCIAL SECUI		17 INFORMANT		ADDRE	SS	SIIC	.ugu
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	OR or hor or hor or hor or hor or her		226. SIGNATURE	1 0	40	1/7	DEGREE ATTENDII	NC M	EDICAL STAF		22c. DATE	SIGNED
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	etoined by TO FUNER, should be downth the Sto		G.W.FRICE,	1.0.			GBMC-670	I N.	CHARLES S	T.		
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	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR						C'D. BY REGISTRAR	256 REGISTE	RAR'S SIGNAT	URE
	(VRA 15, 4)	Ru	ck Towson Funer	al Home.				AUG :	15 1986	Julias De	widow A	angelie

16340		FOR STATE			DEPART	MENT OF H	OF MARYLA EALTH AND A CATE OF D	WENTAL HY	SIENE O	2 2	203	
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The low riction. The hos beenst permit.	2	19a. DATE OF OPI	PL		IL BOW				200 AUTOP	_ IDICER	YES, WERE FINDIN RTIFYING CAUSES YES []	GS USED OF DEATH?
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TTEN pitol TOF for u		saw the dec	eased alive an	t) view the bady o	ofter dooth	, an	that in (my)	(aur) apinion	deoth accurred	an the date and h	hour and fram the c	auses stated
hospit hest for ept. of them 2.1		226. SIGNATURE	0/10/0/10/0/10	o /	il 1 1	C	EGREE				22c. DATE S	SIGNED
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5 g 5 d x x x x x x x x x x x x x x x x x x		30 BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	236.	NAME OF CE	METERY OR C	REMATORY	23d. LOCAT			
BP		(SPECIFY) Bur	ial	8/27/8			t Rest		CITY OR		COUNTY	STATE
		14 FUNERAL DIRECTO		MELL	/U FI	casall	e nesi		E REC'D. BY REC	SISTRAR 256 REG	ISTRAR'S SIGNATE	Md.
DHMH - 16 60M 7/8 (VRA 15, 4)	54	Chatman-H	annie	FH 170	ADDRESS	110h	Straat	- Al	62619	86 Julian	from forms and	
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THEOR SHAPE AND SHAPE AND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

1 - STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG. NO.	0 0 4
I. DECEASED NAME FIRST	Bartley	Thomas Jr.	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
James			August 17,	1 - N
3. SEX	I. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR IF UNDER 24 HRS
Male	White	MONTO 2/07/30 YEAR	56 YRS.	MOUNT MOUNT
Ja BIRTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	USA.	WIDOWED DIVORCED [Delline	MD
10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Reisterstown	509 Glen Gr	anite Rd.	Locksmith	INDUSTRY
USUAL RESIDENCE (HENURSING HOME OR C 130. STATE 13b. COUNT MD	TY IBC CITY OR TOWN		13e STREET ADDRESS / ZIP COD 509 Glen Gran	hite Rd. 21136
14 FATHER'S NAME FIRST James B. Thoma	NODLE LAST	15. MOTHER'S MAIDEN N	NAME Mai Jett MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. ARA			ADDRESS	7
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES! 216-24-5			an Granite Rd.
PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and BY: CAUSE (a)		myoladitis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 4 Par
Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE		myoraditus rotic CVD	6 years
PART 2 OTHER SIGNIFICANT CO	onditions contributing to a	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	VEN IN PART 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO
OR CONTRIBUTION COLOR OF OF ST	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
(IF ETIMER NOTHLY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RRM. ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this haspital saw the deceased alive an	of attended the deceased from	, ,	on death occurred on the date and have	19, that (I) (we) last or and from the causes stated

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 08/20/86

226. SIGNATURE

24 FUNERAL DIRECTOR

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS 5501 231 NAME OF CEMETERY OR CREMATORY t Owings Mills, Baltimore, MD

CHAPEL, OWINGS MILLS, MD 21117

Garrison Forrest Vet

8/19/86

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Lida Thompson 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCE Dec. 21,1897 88 YRS White Female 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County WIDOWED X U.S.A. DIVORCED Marvland 120, USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY Hillcrest Ave. Clerk Parkton Pharmaceuti-13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN Parkton No 1 18920 Hillcrest Ave. Baltimore Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE **Alexander** Underwood Lida Hunter James 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 605 Baltimore Awe. 212-01-2938 John L. Calhoun Towson, MD 21204 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDA 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES ULD BE TAKINI TO BE 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an and in my opinion Accident death resulted from: Natural causes Homicide Undetermined monner 7501 York Road EXAMINER'S NAME Charles F. O'Donnell Towson, MD 21204 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c, NAME OF CEMETERY OR CREMATORY Aug. 29, 1986 Wiseburg Cemetery Parkton, Baltimore Second at Franklin Street 30 DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE BP 24 FUNERAL DIRECTOR **DHMH - 17** J.J. Hartenstein, New Freedom, PA 17349 (VR A15 ME (5)) 20M 4/82

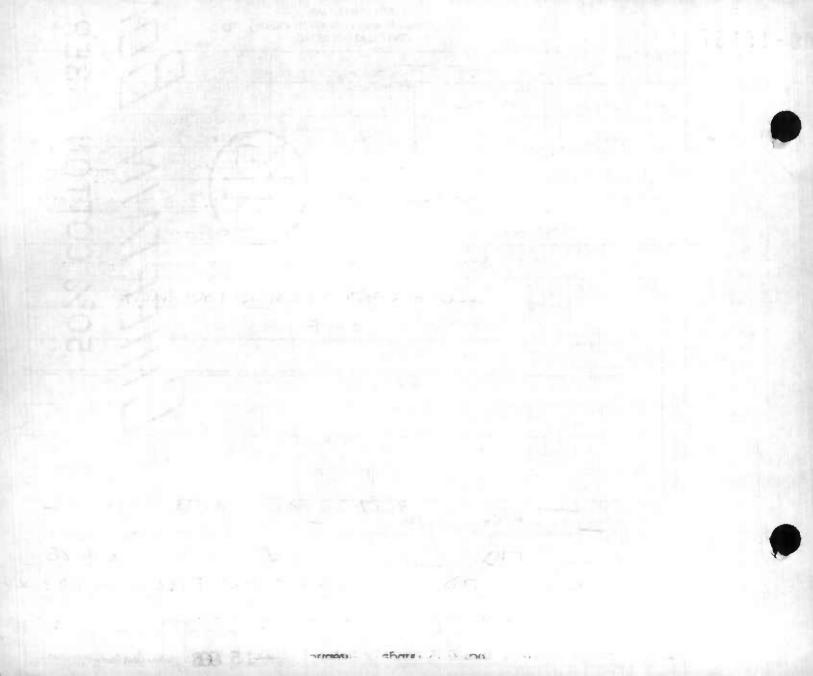
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	38.5.8 E		ONTRIVIT	Charl	es		V.		T	horn			OF DEATH	ESTI- MATED		8-8	1986	~
	CTO FILE	3. SEX		4 RACE		TE OF BIRTH		6 AGE (IN YEA		DER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MC		DAY YEAR	2d HOUR
	NS H	M	ale	White	e Mor	NIH DAY	YEAR	LAST BIRTHDA		S DAYS	HOURS	MIN.	PRONOUN DE AC	VCED		8-8	1986	8:45
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	A BEREIN			1	(1)	F NOT IN SUCH F	ACILITY, GIVE S	TREET ADDRESS)				FOR	MOST OF WOR	RKING LIFE)			OR INDUST	RY
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20	A RETAIN POELAY IS NECESSARY PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS ALL RECORDS, 201 W. PRESTON STREET,	13a S1	ATE	1130 00	YTAUC		13t. CITY	ORTOWN	-	13d. INSIDE CI	TY EIMITS?		EET ADDRI					
OZCEDW	TANK REPORT		Md.		arro	11	Wes	tminst	ter	YES 🗌	NO 🗌		26 Dc	n A	ve.	211	.57	
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a.	DOSES I.		illiam		н.		horn			Mary						rear	У	
IMO	AFTER DE SIVE PAGE H FORM AGES 1 A ISION OR	16a. V	AS DECEASED	DEVER IN U.S.	ARMED FO	ORCES?		CIAL SECURITY		17. INFORM				ADDR				
BALTIMORE	JRS AFTER DEATH B. GIVE PAGES I WITH FORM PW T. PAGES I AND DIVISION OFWER		Yes	19	51-5	4	1142	-24-42	256	Mrs	. Ma:	rie	Thor	n -	Sa	me a	as #1:	3
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PRESTON ST.,	24 HOUR ITEM 1B. ONG W PERMIT. SIENE, D		PARTIDE	ATH WAS CAU	JSED BY: DIATE CAU	ISE (a)	Multi	ple In	jurie	S							001 WEETA ()1436	T AIND DEATH
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201	N A A A		lying cou	e last.	- 1	(a)										16.1		
	AND		PART 2 OTHER SIG	SNIFICANT CONDITIE	ONS CONTRIB	BUTING TO DEATH	BUT NOT REL	TEO TO THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PA	PTTto						-
DIVISION OF VITAL RECORDS,	SAPICA	Z																
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Z.	SHOUL CHIEF SE USEC TOF H	FIC																
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N.	S S S S S S S S S S S S S S S S S S S	WE	WHILE	NOT WHILE	XX		TORY, FARM, E		5	TREET			CITY OR TO			COUNTY		STATE
_	HANABAR	1	AT WORK	AT WORK	71.21		road		Wor	thing	ton F	≀a. e	east c	i Sa			Rd.,Ba	Ito.
	A PER S	0	22a. 1 certif	y that I took ch	arge of th	e remoins de	scribed obc	ve, held an	Autop	y XX	Inspectia	n .	Inquiry		ond in	my apinio	, Ma.	
1-	NA HOLE	5	death resulte	dafrom: N	atural cau	ses 🔲,	Accident	XX Sui	ride	, Hamici	ide .	Undet	ermined m	onner [],			
	WIII WIII			Λ.	-	1				TITLE (SE	PECIFY)							
	A PER L		SIGNATURE	Xn	1	AN	2		M	Depu-	ty Ch	ief	ICAL EXAM	AINER	[DATE SIGNED_	8-8-8	36
	DEA SET			1445				1 /										
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDICAL" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG "TO FUNEAR DISTORE, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		TYPE OR PRIN	IT) A	nn M	. Dixo	n, M.	D.		ADDRESS_	111 P	enn	St.,	Balt	0.,	Md.2	21201	
	5X45A4		IRIAL, CREMAT	ION, REMOVA	1 236 DA	TE	23c. 1	NAME OF CEN	ETERY O	RCREMATO	RY	23d. LC	CATION			COUNTY	61	ATE
07/84	BP	13		noval	8-	10-86						Cit	OKTOWN			COOMIT	51	VIE.
25M	DHMH - 17	24. FU	NERAL DIRECT	FOR		ADDRES:		- 4-1-2		12	So. DATE	REC'D BY	REGISTRA	R 256 R	EGISTRA	AR'S SIGN	ATURE	
	(VR A15 ME (5))	3	Ana	tomy 1	Boar	d	Ва	1to.,	Md.	6.27	AU6	15	1986	Aula	- 5	حملت	Parles	
														-			_	

Walter Brooks Bradley, Inc. 2135 Dundalk Avenue

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15. 4)



FOR STATE REGISTRAR

STATE OF MARYLAND

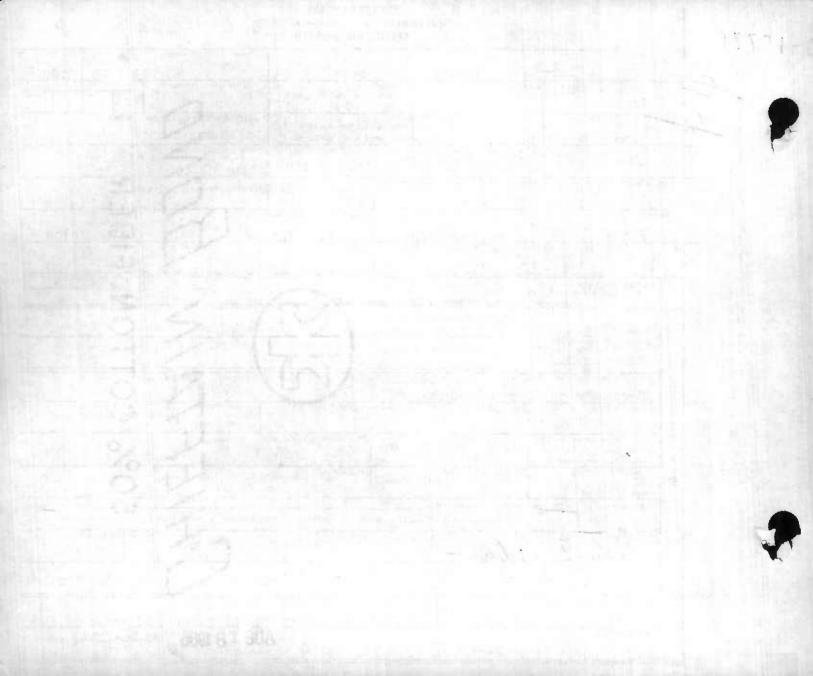
DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

22036

							REG. NO	J.				
	CEASED NAME FIRST		MIDDLE	- L	AST		20 DATE OF DEATH	MONTH	DAY Y	EAR	26 HOL	JR .
	Harr	v Fi	ranklin	Trum	power			8 1	1 1	86	5:0	n a.
1.58		4 RACE	anki iii	5. DATE C		-	6 AGE (IN YEARS LAST BIR		IF UNDER	_	IF UNDER	
	Male	White		MONTH	DAY	YEAR	75		MONTHS	DAYS	HOURS	MIN.
_	TO STATE OF THE ST			08	21	10		YRS				
	ACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVERA	AARRIED -	9 BALTIMORE CITY O	R COUNT	Y OF DEA	TH		
Ma	ryland	U.S.A.	AND DESCRIPTION OF THE PERSON	WIDOWE		ORCED V	Baltimore	Count	ty			MD.
	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INST	ITUTION	120. USUAL OCCUPATI				F BUSINE	SSOR
To	owson	Greater	Baltimor	e Med	ical Co	enter	State Polic		LIFE) INDU	SIRY		
I DSU	IAL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE	ADMISSION)			beare rorre			_		_
	STATE 135 COUN		13c. CITY OR TOW	N	134 INSIDE C		13e STREET ADDRESS	ZIP COD	Œ	7	111	ni
-	ryland Talb	οι	taston		YES 🗌	NO X	Rt 1 Box	352_		04	10	4
14.5	ATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAM	AE MIDDLE			LAST		
1	Frank		Trumpowe	r	Wil	hemina	LW235 169	256	Bri	den	qlob	h
		MED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDRE	SS				
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-	1				LLECET	a H 301	IISDY NO I	DUX_			MATE INTEL	
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D BY:							BET	WEEN C	INSET AND	DEATH
	IMMEDIAT	E CAUSE (a)	neumothor	ax an	d brone	chopneu	monia					
		DUE TO, O	R AS A CONSEQUE	NCE OF		200			1			
	Canditians, if any, which	(ıb)	Chronic c	bstru	ctive i	oulmona	ry disease					
	gave rise to immediate) cause (a), stating the) DUE TO, OR AS A CONSEQUENCE OF											
	underlying cause last.	1002 10, 01	A3 A CONSCOOL	.1402 01								
130	PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO I	EATH BUT	NOT PELATED	TO THE TERM	INAL DISEASE OF CON	VITION CI	IVENUM DA	07.1.0		
Z	Carcinoma of	2000		227777		TO THE TERM	THE DISEASE OR COM	2111014 01	14 514 114 117	110	200	
ł	19a DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFO	PAMED	20g AUTOPSY?	Tanh IF YE	S, WERE F	INIDIN	CELIEFI	
3	The British of Great House	170 COMD	THO I TO K WITH CIT	O' ENATIO	**************************************	KITTLE D	200 8010131	IN CERT	IFYING CA	USES	OF DEAT	H?
CERTIFICATION							YES NO		ES X		NO [
100000	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	10 TIME O	FINJURY M. MONTH DA	YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PA	RT 2)		
3	(IF EITHER NOTIFY MEDICAL EXAMINER	d H		19								
MEDICAL	21d. INJURY OCCURRED	21e PLACE			211 LOCATIO	N	CITY OR TO		COUN	iTv.		
×	NOT WHILE	(AT HOME STR	EET FACTORY, OFFICE F	ARM ETC)	STREET		ELLA ON 10.	WN	COOK	114	5	TATE
	22a.1 certify that (1) (this hospi	tal) attended th	a deceased from	6/14		1986	to 8/11		19_86		1	->1
	saw the deceased alive an	0/11	10	06	ad that in (my)	, , ,	leath accurred on the do	to and ha			that (1) (s	-
	abave (1) (we) (did) (did na	t) view the bady	after death.			(doi) apinian c	learn accorred an me ac	ire and na				orea
	22b. SIGNATURE	11			DEGREE	TTENDING	MEDICAL STA		22€.	DATES	SIGNED	
	Your L	1000	_			TTENDING HYSICIAN	MEDICAL STAF		8	/11	/86	
1	22d. PHYSICIAN'S NAME (TYPE O				22e ADDRES							
	John E. Adam	s, M.D.			6701 N	V. Char	les Street	Tows	on, M	D :	2120	4
23n	BURIAL, CREMATION, REMOVAL	23b DATE	123, N	IAME OF C	EMETERY OR C		23d LOCATION					
	(SPECIFY)	17.79					CITY OR TOWN		COUNTY			TATE
24.5	Cremation	8/15/8	50 Sa	11SDU	ry Crem		Salisbur		icomi		M	
	UNERAL DIRECTOR		ADDRESS			250 DA	Ub'I'B'RA	756. RESIS	TRAP'S SI	GNATI	JRE	mingram.
1	<u>lewnam Funeral H</u>	ome Ea:	ston MD	21601				U ·			-	
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DHMH - 16 60M 7/84

(VRA 15, 4)



				STATE OF MARYLAN		
10 10771	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MI		2 2 0 5 /
10-16//4		REGISTRAR		CERTIFICATE OF DE	REG	i, NO.
	I DE	CEASED NAMWARTHA		Uney LAST	20 DATE OF DEATH	^
2 8 8		HOLL	-IE	UKEY		8 27 86 8.15P'M
1 1	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAS	T BIRTHDAY) IF UNDER 1 YEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN.
age 4 rector	_	Hmale	WHITE	MONTH DAY	VEAR SS	YRS.
A 11 0%		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MA	ARRIED 9 BALTIMORE CIT	Y OR COUNTY OF DEATH
1 12		MO	USA		DRCED BANT	O CO MD.
7	HI.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTIT	TUTION IZ USUAL OCCUP	PATION 176. KIND OF BUSINESS OR
5 6 170	10	NDALLSTOWN	BALTO CO.	1 - 1.	RETIR	Programme Life Industry Education
1 1 1 1		AL RESIDENCE (IF NURSING HOME D	R OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	LIA STORET ADDRE	CC / Zin Cook
8 2 1 1 2 D	130. 3	JATE 131	13c CITY OR			MYS LANE 21207
2 1 12 1	HI FA	THER'S NAME			MAIDEN NAME	71 73 14110 0 0 1 0 1
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of purify	100 (IVE WAR OR DATEST	700		21204
M		UIA	111-2	0-4409 Marie	U. Walker of	7 Yarmouth Road
SAI of the state o		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for I	bi, ondereil	0, 0.0 1	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s			TE CAUSE (o)	cule Myoca	idial Info	nchom'
N de		Marine San	DUE TO, OR AS A CONS	SEQUENCE OF		
STG Sent Sent Sent Sent Sent Sent Sent Sent		Conditions, if any, which	(th)		V	
A STATE		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		
× 1 4 4 5		underlying cause last.	DUE TO, OR AS A CON.	SEQUENCE OF		
20 th plan to the		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OF C	ONDITION GIVEN IN PART 3101
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NG PHYSICIAN. The law requirementing physician. The this conflictor has been up as the furnishmental thereof permit. The thind Mental Hygiene prior to I have act mental Mental Hygiene prior to I acked gr. from [B shows any miss acked gr. from [B shows any miss.]	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	HICH OPERATION WAS PERFOR	MED 20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
A TEGOR	윤	0/8		1114		IN CERTIFYING CAUSES OF DEATH?
¥ 40 2184	E	710. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121 HOW IN II	YES NO	
5 25 30f m	0	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	A CCCORRED (ENTER NATURE OF	INJURY IN ITEM 18 PART TOR PART 2)
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ON THE PHY OF THE PHY	MEDIC	21d. INJURY OCCURRED	71e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATION STREET	CITY O	DRIOWN COUNTY STATE
N 04 14 9 8	1	WHILE NOT WHILE AT WORK				0= 04
0 0 0 0 E		220.1 certify that (I) (this hasp		rom 8 - 2C	19_80 to 0 ·	2/ 19 80 , that (I) (we) last
世界 ひゅうち		sow the deceased alive or	ot) view the body after death.	_19	our) opinion death occurred on th	e date and hour and fram the causes stated
4 50 22 50 15	1	27h. S/GNATURE	or view the body offer death.	DEGREE		/ 27c DATE SIGNED
0 2 0 20 2		(Kennis	n Andali	Mai AT	TENDING MEDICAL S	STAFF 8-2).80
E 1 2 7 3 7		226 THYSICIAN'S NAME (TYPE	OR PRINT)	22 ADD RESS	YSICIAN DIRECTOR PHY	SICIAND
HOSPIT HUNER Mald he d		(KAVINDED)	1	11/1 10	tim no (nex	Ve Come Atropino
01 01 1		L WOOK	G GOVINDA	·	T. MOTO GAT	7/10 0/00/14
		BURIAL, CREMATION, REMOVA		231. NAME OF CEMETERY OR CR	CITY OR TOWN	
BP		Cremation	08-28-86	Security Pr		sville, Balto. MD
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	204	DRESS		RAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	C		iety Of MD.	Baltimore MI	AUG-29 1996	3 June Dandon-Hondale.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME ALIDDI F 7h HOUR TYPE OR PRINTS AUGUST 14 1986 ROSARIA CANNIZZARO VACCARINO 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 4 RACE 3 SEX SEPT. 21 1891 FEMALE WHITE TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TTALY U.S.A. WIDOWED TX DIVORCED BALTIMORE COUNTY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR O CITY OR TOWN OF DEATH HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE HOMEMAKER MERIDAN NURSING HOME UAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION. 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 3608 PARKSIDE DR. 21214 MD. BALTIMORE IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME OUATROCCHIE JOSEPHINE CANNIZZARO GREGORY ADDRESS 22 GLADE AVE. 166 SOCIAL SECURITY NO. 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? JOSEPH VACCARINO (SON) 218-54-2160 21236 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 8. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lie 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on abave, (1) (we) (did) (did nat) view the body after death _, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS 2926 E. COLD SPRING LANE PATRICIO 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL

HOLY REDEEMER

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) BURTAL

3331 Brehms Lane, Balto. Md. 21213

8/18/86

BALTIMORE

OATE REC'D. BY REGISTRAR 256 REGI

MD.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE

contains names of infants whose birth to sent birth certificates to DVR which are by previous list, please contact Ms. Faye or Ms. Marisa Wilson at 410-225-5937.

445

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22039

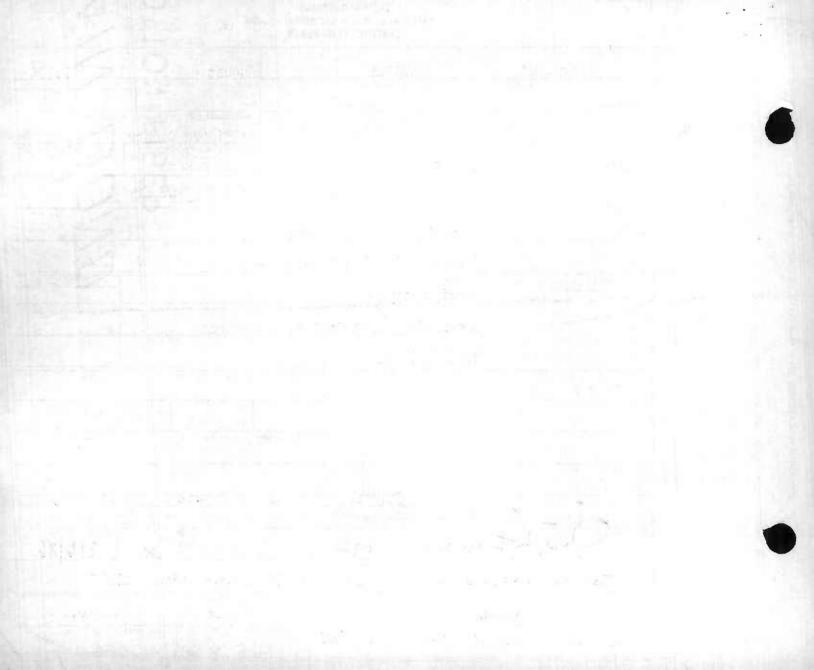
ы		REGISTRAR				CEKIII	FICATE OF	DEATH	REC	3. NO.			
		CEASED NAME	FIRST	h	MIDDLE		LAST .		20. DATE OF DEAT		DAY YEAR	26 HOUR	_
	(I AbF	OR PRINT)	argar	et	V	AUPEL		No.	August	6.	1986	7 · 15A	AA
1	1.50			4 RACE			OF BIRTH		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HE	_
-	/	female		white		MONI 2	-22-23	YEAR	63	YRS	MONTHS DAYS	HOURS MI	N.
		HPLACE (STATE ORFI	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A D D 16	n Never	MARRIED -	9. BALTIMORE CI	Y OR COUN	TY OF DEATH		
5	ME)		USA		WIDOW	_	NORCED	Baltimor	e Coun	tv		MD.
1		SSVILLE	TH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET LIN Squa	ADDRESS)		NOITUTIT	12a USUAL OCCU (TYPE OF WORK FOR M Home Ma	PATION OST OF WORKING	126. KIND C	OF BUSINESS C	OR
5	13a S	MD	NO TEME O		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Balto. C	/N	YES X	NO 🗌	130 STREET ADDRE	ss/zipcoi air Roa	DE ad 21206		
r	A FA	Henry		MIDDLE	allenberg	er		atherine		LE	LA!	57	
2		VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT	JA.	DRESS			
_	1	no nuknownj	(IF YES, GI	VE WAR OR DATES)	212-01-6	506	Robert	Ross, 6	5116 Bela	ir Road	1 2120	6	
		Conditions, if any, gave rise to imm cause (a), stating underlying cause	which mediate g the	DUE TO, OI	Cardiac A RAS A CONSEQUI Congestiv RAS A CONSEQUI Cenal Fai	ENCE OF ENCE OF		lure - F	Anasarca				_
	ATION	Seizures											
1	CERTIFICA	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	ON WAS PERF	ORMED	YES NO	IN CERT	'ES, WERE FINDI TIFYING CAUSES YES []		
1		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21¢ HOW I	NJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM TE	3 PART I OR PART 2)		
	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F		211 LOCAT STREE	0.5		OR TOWN	COUNTY	STATE	
		22a I certify that the saw the decease above twenty	d alive or	August	b 19 2	36	nd that in (my	, 19 80 r) (aur) apinian d	, toAugus leath occurred an t			that a (we) le	ast
		22k SIGNATURE	cry	de La	plan		DEGREE	ATTENDING PHYSICIAN		STAFF	22c. DATE	L 36	
		Jose		KAPLA	√, MD		9000 I		Square 1	Orive,	21237	1ED	
		BURIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR	CREMATORY	23d LOCATION	N	comy 1 + c	MINTE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 8-7-86 Lorraine Park

14 FUNERAL DIRECTOR
John C. Miller, Inc., 6415 Belair Rd. 21206

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH ARMElla VerDecchia L SEX & AGE (IN YEARS LAST BIRTHDAY female - 04-10 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWERS DIVORCED HOMEMAKET WORKING LIFE INDUSTRY 13d INSIDE CITY LIMITS? 8-A Choate Tt Towson, MD 21204 Baltimore Maryland lowson NO T FATHER'S NAME 15 MOTHER'S MAIDEN NAME Giovanna DiBona Pasquale Pellegrini 16h SOCIAL SECURITY NO Frank Verde 907 Ellendale Dr Towson, MD 21204 217-48-2854 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 oronary gave rise to immediate cause (a), stating the underlying couse lost. 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an above (1) (was teday) (did not) view the body after death and that in (my) pour) apinion death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS : Antono & Land 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) COUNTY STATE Aug 23,86 Holy Redeemer Cem Burial M. I Baltimore MD 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Baltimore 24 FUNERAL DIRECTOR Dippel Funeral Home Inc. DHMH - 16 60M 7/B4 7110 Belair Road Baltimore, MD. 21206 (VRA 15, 4)

7-475.4.40	1.	FOR STATE		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTA	2.1	6 2	2	0 4	
	I. DE	REGISTRAR	RST TE	MIDDLE	(ICATE OF DEATH AST CHRADER		REG. NO. TE OF DEATH MO	8 1		26. HOUR 1:30 ar
nay be page 3 rr death				М.			1 465	(IN YEARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 mo ector. p	3. SE	FEMALE	4 RACE WHITE	1115	5. DATE C	15-1894				NIHS DAYS	HOURS MIN.
h. Pog	Za. Bi	RTHPLACE (STATE OR FORE)	ON 76. CITIZEN OF USA	WHAT COUNT	MARRIE WIDOWE	NEVER MARRIE	DAT	TIMORE C		FDEATH	MD.
		TY OR TOWN OF DEATH		HOSPITAL NUE	RSING HOME C	R OTHER INSTITUTIO	ON 12a US	UAL OCCUPATION F WORK FOR MOST OF W			OF BUSINESS OR
filled in ould be must be	13a :	AL RESIDENCE (IF NURSING) STATE MD	HOME OR OTHER INSTITUTION	Balto.	City	134 INSIDE CITY LIM	AITS? 13.STB	E. Nort	nern l	Pkwy.	21206
tely 2 sh	14 F/	ATHER'S NAME	MIDDLE	LAST	Hillery	15. MOTHER'S MAID	EN NAME	WIDDLE		145	
p P	1	Joseph	MIDDLE	Gre	у	Mary	7	WINDLE		Pre	sley
Pour Period		10,110 011 011111 01111,	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIALS		17 INFORMANT	117	ADDRESS		Dan d	
cion Cion He m		no		217-48		Alan Hich	iew, II/	lando, F	12202	APPROX	MATE INTERVAL
ficate physic pape navol		18. CAUSE OF DEATH (E PART I. DEATH WAS	inter anly one couse pe CAUSED BY: MEDIATE CAUSE (o)			RY ARREST	UI	Tandy, F.	L3202.	BETWEEN	ONSET AND DEATH
is law requires that the death on the standing of the prior to burial, cremation, or we any injury, or ather traumation.	NO		ost. (c)		OUENCE OF BLOOD	PRESSURE	HE TERMINAL DI	SEASE OR CONDI	TION GIVE	N IN PART 11	0'
NG PHYSICIAN: The law re- r attending physician. ther this certificate has been as the buriol-transit permit. In th and Mental Hygiene prior arked or Item 18 shows any in	CERTIFICATION	190 DATE OF OPERATION	N 196 CONE	OITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a YES				NGS USED S OF DEATH?
PHYSICIAN: The Is ending physician. This certificate has buriol-transit per buriol-transit per di Anerial Hygiene di artitem 18 shows	4	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A	OF INJURY I.M. MONTH	DAY YEAR	21¢ HOW INJURY C	OCCURRED (EN	ITER NATURE OF INJURY	IN ITEM IB PAR	RT 1 OR PART 2)	
IG PHYSIC attending er this cer s the burio t and Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	ı	COUNTY	STATE
SR. A		220 I certify that (I) (this sow the deceased of	IIIVE OII		9 86 o	4 , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1	86 , to	8/12	and hour		that (II (we) lost
L OR the horder to Che		226. SIGNATURE	accent			DEGREE ATTEND PHYSIC	DING MED	ICAL STAFF	N	22¢ DATE	SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the Store IMPORTANT:		7 CLCLV	(TYPE OR PRINT)			GBMC_670	01 N. CI	ARLES ST	., BA	LT IMOR	Е
BP		BUTTIAL CREMATION REA	23b. DATE 8-15-	86	Morelan	emetery or crema d Memorial	ATORY 23d E	location Bacticos		°Bälto	., MD ^{ATE}
DHMH - 16 60M 7/84 (VRA 15, 4)		ohn Mille	r, Inc., 6	415 BeT	äir Rd.		AUG 1	BY REGISTRAR 25	b. REGISTR	AR'S SIGNAT	URE books

1 1 Transfer of the state of the st

PROPERTY AND DESIGNATION OF THE PARTY OF THE

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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c.	17	57	- 1	1	- 2
6	la.	La	-()	Same	Su

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.			
	1 DECEASED NAME FIRST	Floyd Edwin Wagn	er	AST	20. DATE OF DEATH	80NTH 33	86	26 HOUR 8/0 F	> M
1	3. SEX	4 RACE	J. DATE		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 H	RS
1	Male	White	2 MONTH	5 O6	86 80	- C 19 147	VIHS DATS	HOURS M	IN.
1	TH BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8 AA A BDIC	DX NEVER MARRIED	9 BALTIMORE CITY O		FDEATH		
7	Conn.	U.S.A.	WIDOWE		Baltimore	Chunty			MD
7	IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND O	F BUSINESS	
7	Randallstown	Baltimore Count		neral	Retired for		Army		
7		ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOWN Reisterst		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 237 Sacred		La.	21136	N
y	14 FATHER'S NAME	MIDDIE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		145		
1	Everett	Wagner		Grace	•		Kelse	y	
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS			
		/24 to 217-34-82	40	Eleanor Wagn	ner 237 Sacr	red Hea	rt La.	. Reist	t.
		1253 couse per line for (0), (b) And LD BY: TE CAUSE (0)	2 M	yorardia	empar	dion	BETWEEN	MATE INTERVAL ONSET AND DEA	TH
		DUE TO, OR AS A CONSEQUEI (c) CONDITIONS CONTRIBUTING TO D	NCE OF	rationary a	t disea teriorid	aroxy DITION GIVEN	IN PART 1	0	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206 IF YES, V			
4	21p. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		Man How by High occupa	YES NO	YES [NO 🗌	
ı	00 000 100 100 100 100 100 100 100 100		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IB PART	OR PART 2)		
1	11 ON CONTRIBUTING CAUSE OF DE.		19	211 LOCATION					
	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
	saw the deceased alive an	ntal) attended the deceased from	, 01	nd that in (my) (our) opinion o	, to death accurred on the do			that (I) (we) I couses stated	
	226. SIGNATORE	2. Sundmb.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAR DIRECTOR PHYSIC		22c. DATE	SIGNED F	6
	22d. PHYSICIAN'S NAME TYPE C	7. SURIFLIN	1D.	BALTO	CO GEN	J.HO	SP.		
1	23¢ BURIAL, CREMATION, REMOVAL (SPECIFY)		AME OF C	EMETERY OR CREMATORY	23d LOCATION	· ·	OUNTY _	STATE	
1	Rurial	18/7/86 Gar	rico	Forest Vet	Owings Mi	110	Ralt	Co	hN

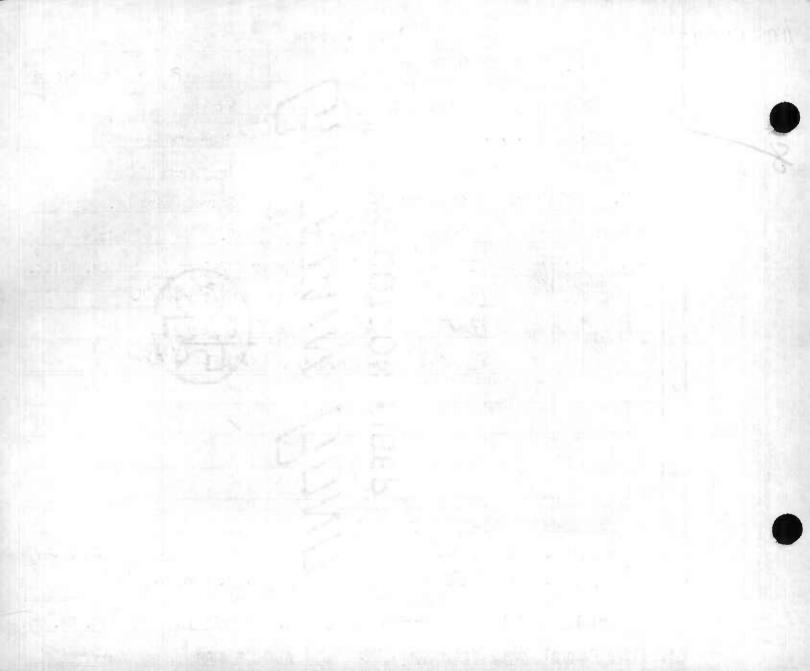
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Eline Funeral Home Reisterstown, Md.

1. 1: Devidson-Randalle



							E OF MARYLAND				
14808	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL	HYGIENE 6	REG. NO.	204	3
1.000		CE ASED NAME	FIRST		AIOOLE	l	AST	2a. DATE OF		H DAY YEAR	26 HOUR
o e 3	(TYPE	ORPRINT) Do	Rothy		A	11/1	lden		PUA.	7,1986,	1-
poge 3	3 SE			ACE	1.	5. DATE C	OF BIRTH	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	F UNDER 24 HRS
is offer.		Famal	le	W	hite	MONTH	- 11 - 191	3 73		MONTHS DAYS	HOURS MIN.
2 /871	7a. B	RTHPLACE (STATE OR FO	REIGN 76.	CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	NEVER MARRIED	9 BALTIMO	A COTY OR CO	UNTY OF DEATH	
122		Maryl		42	T	WIDOWE	DIVORCED	1 Dal	10.,	John Vy	MD.
7 3	4	TY OR TOWN OF DEAT	H_ 11.		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL C	CCUPATION FOR MOST OF WORL	(ING LIFE) INDUSTRY	OF BUSINESS OR
1 20	No.	Lowson	11 3	St. J	osepl	Hos	setal,		maker		
372	13a.	AL RESIDENCE (IF NURSIN	GHOME OR OTHE SL COUNTY Harfor	ER INSTITUTION.	13c. CITY OR TO	ORE ADMISSION	13d. INSIDE CITY LIMITS	130 STREET A	DDRESS / ZIP	Dr. 21050	
11	14.5	THER'S NAME	narior	u	TOTES	, 111.11	YES NO I		mantup	DI . 21070	
Y	NT	FIRST	MIDD	DLE	LAST		Bert		MIDOLE	W.	bbot
1923	V	Henry	1446 40460		Kreiner			na	ADDRESS	A	0000
1/			(IF YES, GIVE WA		166 SOCIAL SE		17 INFORMANT	W-14		417-	
2		No			214-20	1750	William L	. Walden	Sen	e as #13e	
4	1	18 CAUSE OF DEATH PART I. DEATH WA	Enter only of	ne cause per	line for (a), (b),	and (ch.)	a dila	1 0-	1	APPROX BETWEEN	ONSET AND DEATH
1			MMEDIATE C		1705	rve	(K) Soll	a cere	eyas		
18				DUE TO, O	R AS A CONSEC	DUENCE OF	7.1	man Vien	4	8-	1-86
mio.		Canditions, if ony,		(b)			inje	VICIO	7	0	. 00.
1	-	gove rise to imme cause (a), stating	the	DUE TO, O	R AS A CONSEC	DUENCE OF				1.57	
0.0		underlying cause	last.	(c)							
(niy, o	Z	PART 2. OTHER SIGNI	FICANT CON	IDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITIO	N GIVEN IN PART 1	a
17	CERTIFICATION	190 DATE OF OPERATE	ON	19h COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b.	IF YES, WERE FIND II	NGS USED
1/	문							VES 🗆	NOM INC	CERTIFYING CAUSES YES	OF DEATH?
1	E	210. ACCIDENT WAS UNDE	RLYING -	21b. TIME O	FINJURY		21c HOW INJURY OC		7		NO []
r hem 18		OR CONTRIBUTING CA		HOUR A.	M. MONTH	DAY YEAR		, content of			
r Hem	MEDICAL	21d INJURY OCCURRE		P. 21e. PLACE		19	211 LOCATION	_			
Do	ME	WHILE NOT WHILE			LET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
pork		AT WORK				e	1	0	8-7	0/	a
.5	10	220.1 certify that (1) (1 saw the deceased		offended th	e deceased from	630	. 19-6	26, to	0 - /		that (1) (we) last
7.01		abave, (1) (we) (die		e he bady	after death.	090	nd that in (my) (aur) api	nian death accurred	an the date an		
F Ren		22b. SIGNATURE	4/	31	Lad		DEGREE ATTENDIN	G MEDICAL	STAFF	22c DATE	SIGNED
T i		1/1	16	nu	can	m	PHYSICIA	N DIRECTOR	PHYSICIAN [] 0.	106
MPORTAN		A H.	SH1	ZA	01,14	0.	7600 C	BLER	Dr.	Touson	21204
3 1		BURIAL, CREMATION, R	EMOVAL 2	3b DATE	23	NAME OF C	EMETERY OR CREMATO	DRY 23d. LOCA			
		Burial		8-11-	86	Parkv	vood	Ba	ltimore	, Maryland	STATE
DAA 7/04	24 F	JNERAL DIRECTOR					25a.			EGISTRAR'S SIGNAT	
OM 7/84		Leona	rd J. 1	Ruck,	Inc. ADDRES	altimo	re, Md.	MARIO O	1026		mounte
								- CE 1/CE	LI-Ch.		X.

10:00 . LT | KUREN OSCS | W | L. UE | BORON doddA Addred sectorA - . - "se million l. Buiden Sine as Wine

insignal ementions described de-fi-

Lynney J. Mok. Lot. Salthame, Mr.

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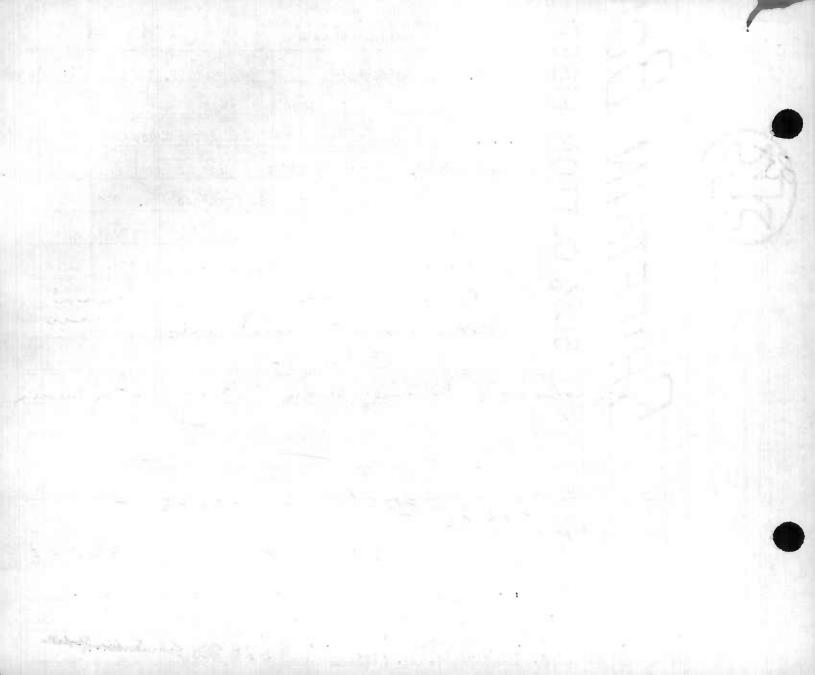
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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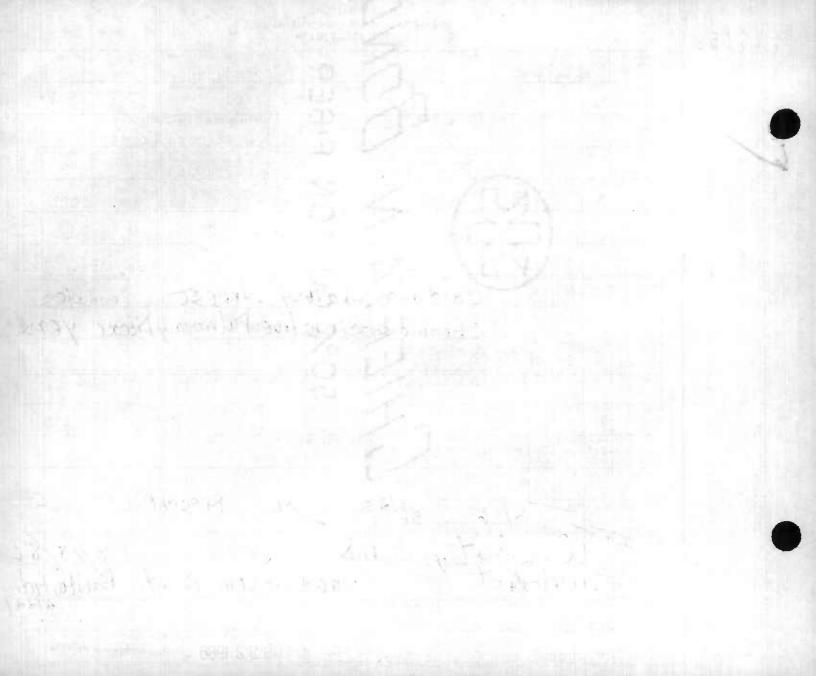
- 1	REGISTRAR			CEKIII	ICATE OF DEATH	REG. NO.	M 1 F 1 1 1 2	
	DECEASED NAME FIRST	,	MIDDLE	l	AST		DAY YEAR	26 HOUR
	(TYPE OR PRINT)	ydia	E.	Wald	schmidt	August 23. 1	986	11:45AM
3	SEX	4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	Female	Whi	te	6	1 1900	86 YRS	MUNIHS DATS	HOURS MIN.
20	BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE		9 BALTIMORE CITY OR COUNTY	OF DEATH	
	Maryland	u.s.	A.	WIDOWE		Baltimore Cou	nty	MD.
10	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND C	F BUSINESS OR
	Catonsville				consville 2122	8 Office Manage		iel Dell
-	SUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	113c CITY OR TOWN		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE		
	Maryland Bo	iltimore	Catonsvi	lle	YES NO K	38 Overbrook Rd	. 2122	28
ΑP	4. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDIE	145	
4	Charles	4	Waldsch		Julianna	Carolina	Pfeff	ser
16	WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRESS		
L	No		214-01-4	028A	Charles Wald	schmidt , same as		
	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one cause per	line far (a), (b), and	(c.1	0		BETWEEN	MATE INTERVAL ONSET AND DEATH
		DIATE CAUSE (a)	Keno	1-	ochurd		Sev	and
1	BEST T	DUE TO, O	RAS A SONSEQUEN	NCE OF	· 44 ·	1	30	ou
	Canditions, if any, whice gave rise to immediate		allvan	Sol	alhered	relevous	0	
	cause (a), stating th	DUE TO, OI	R AS A CONSEQUEN	NCE OF	2010			
4	underlying cause las	(c)			DI N	20		
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART I	0
	216. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXA 118 IN JURY OCCURRED	TIRK CONDI	ITION FOR WHICH C	DEPATIO	N WAS PERFORMED	200 AUTOPSY? 20b IF YES	WERE FINDS	Onemy
1	PE CONTRACTOR OF THE CONTRACTO	- 1100 CONDI	TON TON WITHEIT	PERATIO	- WAS FERT ORMED	JIN CERTIF	YING CAUSES	OF DEATH?
7	210. ACCIDENT WAS UNDERLYIN	G 7 21b. TIME O	FINJURY		21c HOW INJURY OCCURR	YES NO YE		NO [
4	OR CONTRIBUTING CAUSE C	OF DEATH HOUR A.	M. MONTH DAY	and the same of th	The state of the s	TELATER ANTONE OF HATOKI HATIEM IS A	ART TORPART 2)	
	(IF EITHER, NOTIFY MEDICAL EXA	AINER) P.		19	211 LOCATION			
1	WHITE NOT WHITE		REET, FACTORY, OFFICE FAI	RM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this I	haspital) attended th	e decaysed from	8/7	10 -	8/23/81	10	that (I) (we) last
	saw the deceased aliv	e on 8/12	18619	, at	nd that in (my) (aur) apinian a	death accurred on the date and hou		(- (-,
	above, (1) (we) (did) (d 22b. SIGNATURE	id not view the bady	átter deafh		DEGREE	/	22c DATE	
	1	1/2		K	1.0 ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/2	5/86
	224 PHYSICIAN'S NAME (region reserve			22e ADDRESS	J DIRECTOR FITTSICIAIN		700
	Allan Pere	z M.D.			1009 Frede	rick Road, Balti	mata 1	ID
2:	30 BURIAL, CREMATION, REMO		23c N/	AME OF C	EMETERY OR CREMATORY	23d LOCATION	more, h	
	(SPECIFY) Burial	August	27,1986	Loudo	n Park Cemete	ry Baltimore	COUNTY	laryland
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	WE WIND OF THE PARTY OF THE PAR	COC CO WA	LEICE ADDRESSE	uu II	Omes 1 1 1 23	16 26 1986 Julian	DOLLA BANK	No.

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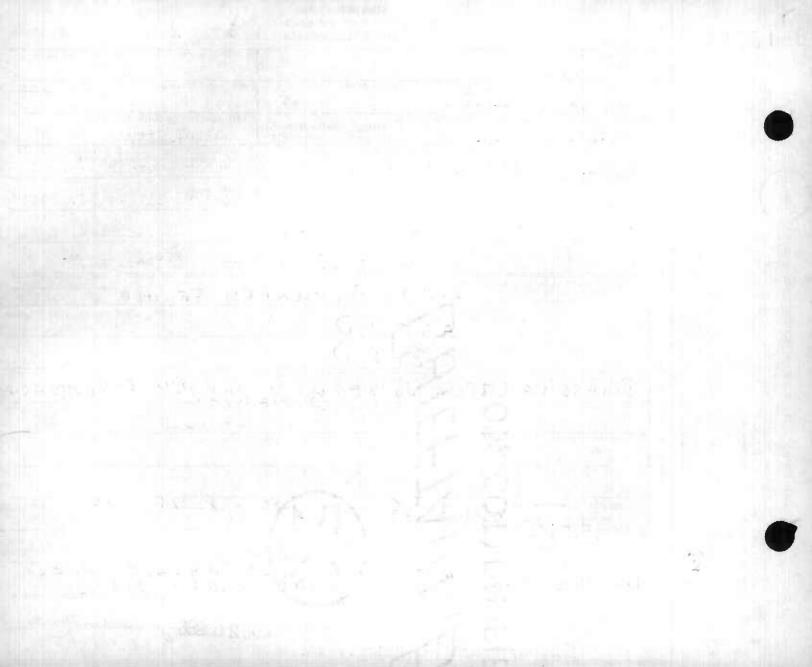
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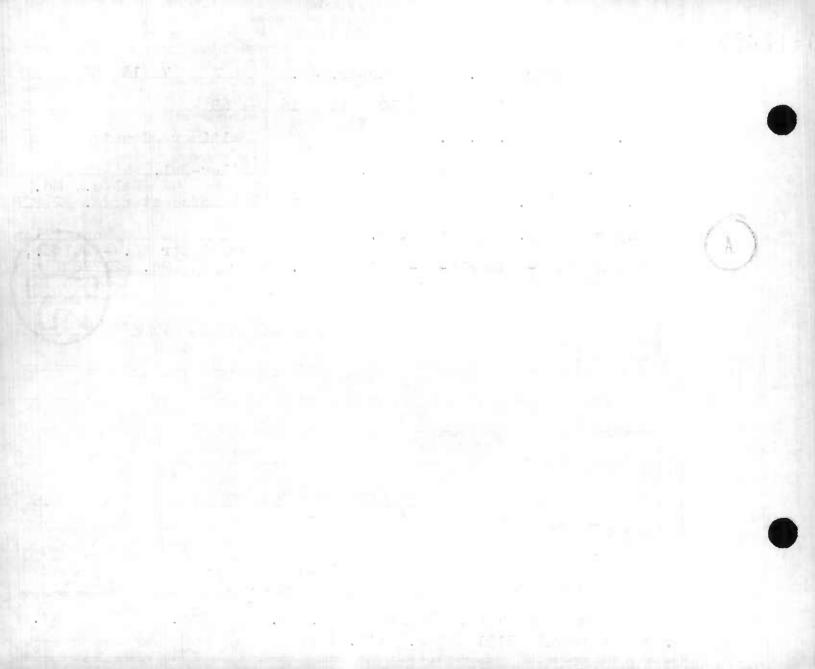
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m c		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
oge deoth		Barba	ara	Wap	pes	August	17 1986	M
e b	3. SE	X	4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	IF UNDER 24 HRS
ge 4		Female	White	May	181 1926	60	YRS DATS	MIN.
1149		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D WINEVER MARRIED		R COUNTY OF DEATH	
1 / 4	10 0	New York	USA	WIDOW			re County	MD.
皇帝	10.0	IIT OR IOWN OF DEATH	11. NAME OF HOSPITAL, NI		DROTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE INDUSTRY	F BUSINESS OR
su galand	1051	ESSEX	916 Homber			Housewi	fe	
And	13a	STATE 136 COL		TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	zip code erg Ave. 2:	1221
1 3 4 3 3 A	14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
		Benjamin	MIDDLE LAS	ell	Wilhemi	na	Matth	ews
x ecute		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT	ADDRE		
SALIIMOR one be exected apers. Pages vol. tr, the medical			IVE WAR OR DATES	16-211	B Edward Wa	ppes 916	Homberg Av	e. 2122
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: 4 d d b a			only one couse per line for (a), II	diorp	Licalary	Arrect	BETWEEN	1/04
rent cert		IMMEDIA	ATE CAUSE (0)	71-10	1 1		1	MCS.
e co		Condition if an interest	DUE TO, OR AS A CONS	SEQUENCE OF	Jos Grun Siv	p tulivon	and Dispose	yourd
mov motic		Conditions, if any, which gave rise to immediate	(b) (b)	31)16.6	(C) 1 - (C) 1 - (C)	C 1 C 11	Tristence	100
es that the death a red by the ottendin please remove carb ural, are motion, or		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	SEQUENCE OF				
s the sed by the state of the sed by the sed		DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	C TO DE ATH BUT	NOT BELLYED TO THE TEN			
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	5 TO DEATH BUT	NOT KELATED TO THE TERM	AIN AT DISEASE OR CON	DITION GIVEN IN PART TIE	,
night. T	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FINDIN	VGSTISED
no los la	윤				THE PERIODIFIED		IN CERTIFYING CAUSES	OF DEATH?
The The hast	E	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	170	21c. HOW INJURY OCCUR	YES NO	YES _	NO []
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ING PHYSICIAN The low require of the office	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19	1404712011			
PHY this this he by nd W	ME	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	211 LOCATION STREET	CHTY OR TO	WN COUNTY	STATE
NG Street of the orke		AT WORK AT WORK		1.		A		
Heo R. S.			olfal) attended the deceased f	661	5 19 61		-	that (1) (we)Tost
Sprite Sp			ot) view the body ofter death.	19 8 61 . 0	nd that in (my) opinion	death accurred on the de	ate and hour and from the	causes stated
OR bolkE		226 SIGNATURE	1 1		DEGREE		22c. DATE	SIONED
		L. W	essorol -		MIA ATTENDING PHYSICIAN	MEDICAL STAF		18/86
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0 0 0 = 0 /		F.We	isprol		406 Ea	= xein S	10g. 10	Ita, Hdi
0 g 5 g x x →	23a	BURIAL, CREMATION, REMOVA	L 236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		तावत
BP		(SPECIFY) Burial	8/20/86	Holly		MiddleR	iver Balto	. Mď.
	24 F	UNERAL DIRECTOR	0/20/00			E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATI	URE
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U	1654	0	1 0	REGISTRAR CEASED NAME	FIRST	MI	DDLE	CERT	LAST	1111	REG. 20. DATE OF DEATH		AY YEAR 2h	. HOUR
	e e	t to	(TYF	E OR PRINT)	LDA			Ta	ARD		M. DAIL OF BLAIN	8 1	1	HOUR
	moy be	op	3. SI			RACE Whi	+0		OF BIRTH		6. AGE (IN YEARS LAST			UNDER 24 HRS
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	oth. Pag	J Por	7a E	IRTHPLACE (STATE OR FOR	EIGN 7	b. CITIZEN OF W	HAT COUNT	TRY? 8.	ED NEVER MARK		9. BALTIMORE CITY		OF DEATH	
	death	ar to	1	Maryland		U.S.		WIDOV	ED DIVOR	CEDX	Balto	- 4	.00	MD.
	the fi	d within	10. 0	ITY OR TOWN OF DEATH	1	(IF NOT IN SUCH	FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUT	TION	120 USUAL OCCUPA	TOF WORKING LIFE		
100	in by	e filed v	Just	Balto. AL RESIDENCE (IF NURSING	HOME OR C	1603 E					Factory	work	er st	eel
(a) 24 hg	uld be	130.	Md.	b. COUNT		Balte	TOWN	13d. INSIDE CITY L		1603 DO	olitt	le Rd.2	1221
13	lely f	sho mer	14. F	ATHER'S NAME					15. MOTHER'S MA		E	701100	ic na.z	1221
MAM	1	320		Alfred	M	NDDLE	Was		Cathe	erine	WIDDLE	S	chiekle	er
ORE.	and co	Pages 1	160	WAS DECEASED EVER IN		MED FORCES?	6b SOCIALS	SECURITY NO.	17. INFORMANT		ADD	RESS WOR N	ock Pd	
TIM	2 0	is as #		No	10 100, 0110	WAR OR DATES)	214-	18-653	1 Ms. Me	erlé	streib ^R	să Ito.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO	rficote be	emaval.		18. CAUSE OF DEATH I	Enter only	y one couse per li BY:	ne for (a), (b)	DIO	0 1410		011	· · · · · · · ·	BETWEEN ONS	E INTERVAL ET AND DEATH
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REC	he law an. has be	000	7 2	19a. DATE OF OPERATIO	314	196. CONDIII	ON FOR WE	HICH OPERALL	ON WAS PERLORME	Б. С		IN CERTIFY	WERE FINDINGS	DEATH?
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O N	PHYS ending this co	6 50	MEDICAL	21d. INJURY OCCURRED		21e. PLACE O	FINJURY	FICE, FARM, ETC.)	21f. LOCATION		CITY OR	IOWN	COUNTY	STATE
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	the h	e De	16	18V	10	1			ATTEN	NDING TO	MEDICAL ST	AFF	22c. DATE SIG	NED
	IOSPITA ned by	State State		22d. PHYSICIAN'S NAM	E (TYPE OR	PRINT)		^	22. ADDRESS		DIRECTOR PHYS	EAIR	RN	020
	O HOSI etoined TO FUN	should be detache with the State Dep IMPORTANT: If the	В	BA YIN	JC	BUNG	m.	9	BA	Cio	· and	. 21	230	7 4/
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	DHMH - 16		24 F	UNERAL DIRECTOR			ADDRE	E55 D = 7	_ 14.3	250 DATE	FOCA BUREISCH	REGISTR	AR'S SIGNATURE	
	(VRA 1	5, 4)		Ar	nato	my Boar	cd	Bali	o., Md.					

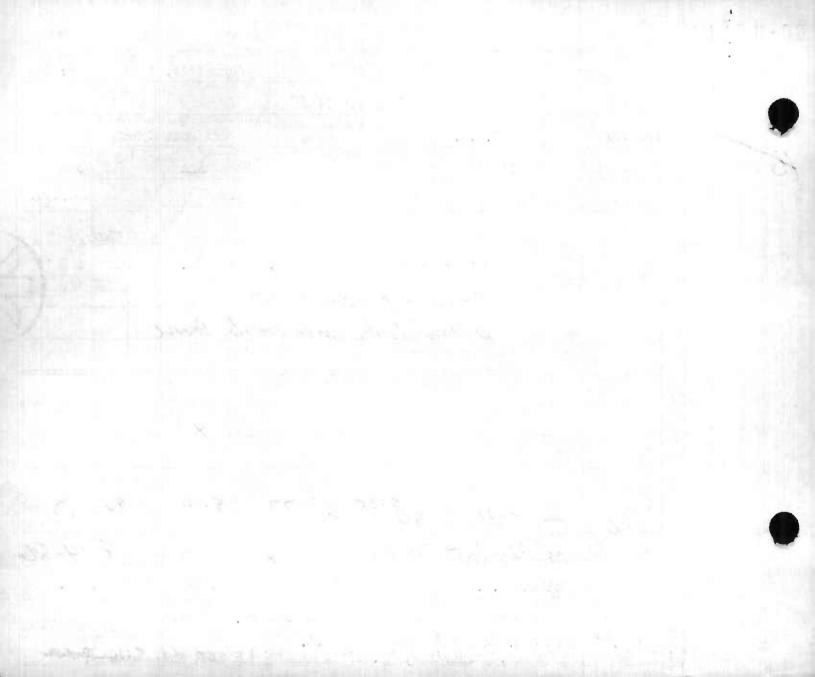


STATE OF MARYLAND



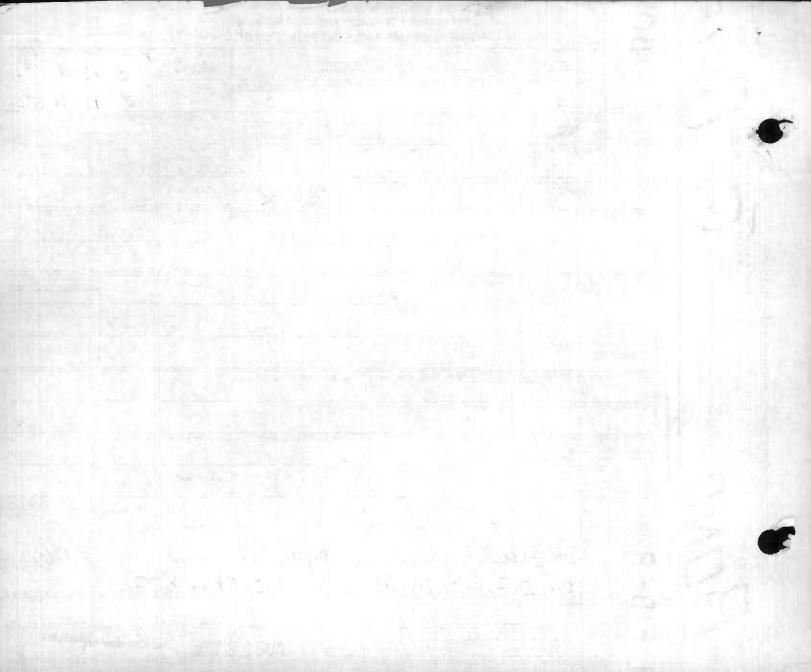
1630 Edmondson Avenue Catonsville. MD. 21228

(VRA 15, 4)



STATE OF MARYLAND

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	ACTOR	3. SEX	4. F	RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEA			IF UNDER 2		ATE DUNCED	HIMOM	DAY YEAR	2d. HOUR
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	也是是		MARYLAND		USA		730-1	WIDOW		DIVORCE	erm.	BALTI	MORE C	YTVIJO	MD.
L		10. CI	TY OR TOWN OF	DEATH	11. NAME OF HOSP			OR OTH	R INSTITUT	TION	120. USUAL OC		TYPE OF WORK	12b KIND OF B	USINESS
6	\$FREAD		BALTIMOR	RE	1630 REI			RD				WORKING LIFE) NF. OPF.	RATOR	LADIES	
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DIVISION OF VITAL RECORDS, 301	CUTE IN P URIAL	A			(c)										
SDS.	EXECUNCAL INCAL IN	_	PART 2 OTHER SIGNIF	ICAN1 CONDITIONS O	DATRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERM	INAL DISEASE	DR CONDITIO	N GIVEN IN PART	Γ1 (α).				
0	PENDIN F MEDIN F AEDIN F AEDIN	IFICATION												Lancas	
	3: 8 8 5 0	13	19a. DATE OF OF	PERATION	196. CONDIT	ON FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20. AUTOPS	Υ?
- E	SH S	I ≡							4					YES .	NO
9	CATE S HE WO UID BE TMENT O BURL	CERTI	210 EXTERNAL C		21b. TIME OF HOUR A.M.		DAY YEAR		OW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITEM	18 PART I OR P	ART 2}	
NO	THOOKH	18	CONTRIBUTING	CAUSE OF D			19								
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		(3	BURIA		AUG. 21, 19		HEBREW				CITY OR TOW	TIMORE	COU	MARYI	AND
	BP	24. F	UNERAL DIRECTO		LEVINSON	-			.,		EC'D. BY REGI	STRAR 1756 RE	EGISTRAR'S	SIGNATURE	0.
	DHMH - 17 (VR A15 ME (5))		NAME	DOL	STOWN RD.		ro., MD		15	AUG	322 19	36 Julie	Davido	avellation.	
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	ctor, pag s ofter do		3. SE)	Female		4. RACE	ite	5 DATE O	DAY YEAR	6. AGE (INY	EARS LAST BIRTHDA	MONTH	DER I YEAR	IF UNDER 24 HRS
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No 218	The ton	3	13a S	AL RESIDENCE (IF NURSI TATE ryland	13b_COU	OTHER INSTITUTION.		EFORE ADMISSION)	13d. INSIDE CITY LIMITS	S? 136 STREET A	odress / zii	PCODE 2:	1221 Road	Apt.H
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IMORE	oe executor on and control on and co	medica		AS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	217-21	1-4487	Debora Jo	an Willia	ADDRESS 10 I Ims Balt			21220
CORDS, 201 W. PRESTON ST.,	een signed	ony injury, or other troumatic eve	ATION	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO	R AS A CONSE R AS A CONSE DISTRIBUTING	OUENCE OF TO DEATH BUT	NOT RELATED TO THE NOTRELATED TO THE NOTRELATED TO THE	TERMINAL DISEASI	e or conditi	V In IF YES, WE	RE FINDIN	GS USED
DIVISION OF VITAL RECORDS, 201	SICIAN: The Is ng physician. certificate has rial-transit per ental Hygiene	or Hem 18 shows o	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DE		M. MONTH M.	DAY YEAR	21c. HOW INJURY OC	YES Y	NO	YES THE PART I		OF DEATH?
4	ATTENDING Prospital or attended for use as the trail of Health and	m 21 is marked a	ME	WHILE AT WORK 22a.1 certify that (I) saw the decease abave, (I) (we) (d 22b. SIGNATURE	this hasp	ital) attended th	e deceased fro	986, a	STREET			5. , 19	fram the co	
	HOSPITAL O	PORTANT: If he		22d. PHYSICIAN'S NA	ME (TYPE C	Turk,		TUN.	ATTENDIN PHYSICIA 220. ADDRESS KHIN	MEDICAL DIRECTOR	ank/in	Squar		<i>S</i> / <i>S</i> / <i>E</i> ve
	BP	3	230 B	URIAL, CREMATION, I	REMOVAL	8-28-			emetery or cremato	em. Bal	timore,	, Balto	0.Co.	. Md.
С	OHMH - 16 60M : (VRA 15, 4)	7/84	24 FU	azdzinski l	Daner	al Home	1 X 40	7 Old E	astern Ave.	AUG 28	UBB 96	REGISTRAR'S	SIGNATU	RE

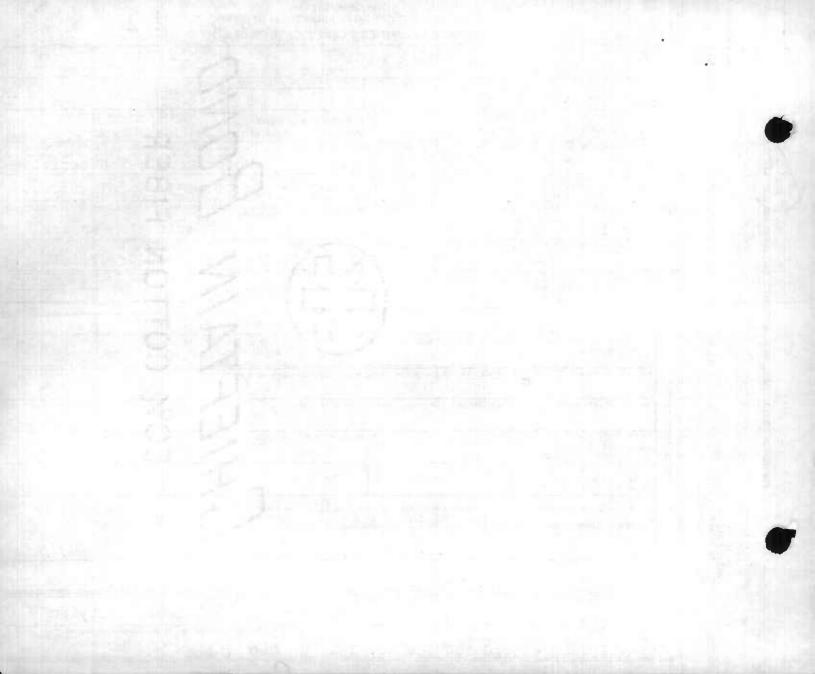
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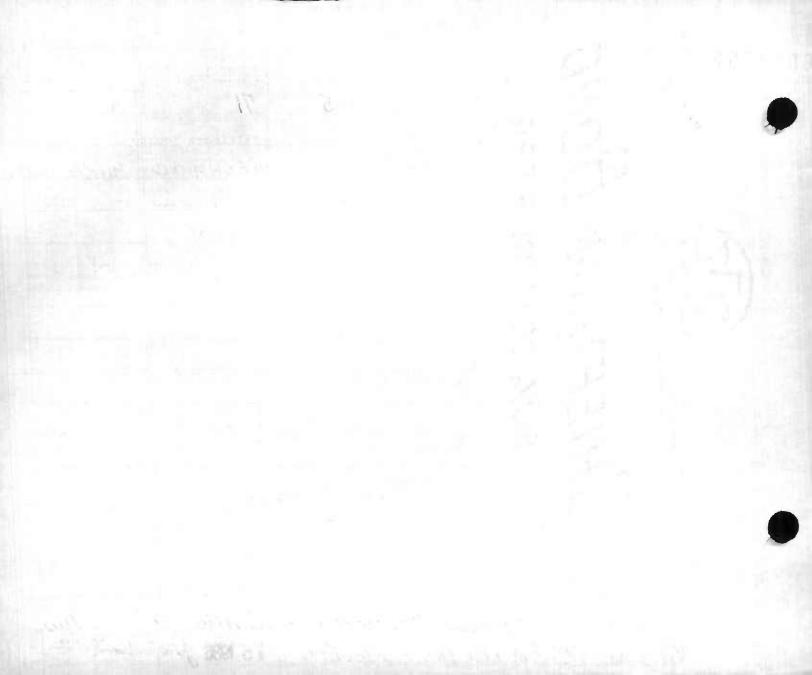
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P)		TY OR TOWN OF DEATH	1 11.			OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	12b KIN	ND OF BUSINES
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00	16a V	VAS DECEASED EVER IN		D FORCES? 166 SC	CIAL SECURITY NO.	17. INFORMANT	ADDI	ESS		
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/	F	18 CAUSE OF DEATH	Enter only o							PROXIMATE INTERV
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rio di	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	20e AUTOPSY?	20b. IF YES	WERE FI	NDINGS USED
is a second	띮						YES NO X	IN CERTIF	YING CAL	JSES OF DEATH
1ygie 8 sho	1 1	21a ACCIDENT WAS UNDER	LYING	21b. TIME OF INJUI	RY	21c. HOW INJURY OCCUR				
H B		OR CONTRIBUTING CAU		HOUR A.M. M		100 AL				
E /	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED		P.M. 21e. PLACE OF INJU	19	211 LOCATION				
edor	ME	WHILE NOT WHILE		(AT HOME STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET	CITY OR T	DWN	COUNT	Y STA
Jork		AT WORK AT WORK			0.4		0.46			
is		220-1 certify that (1) (the saw the deceased		8/6	OL V					, that (I) (we
1. of		obove, (1) (we) (did) (did not) vi	iew the body ofter de		ind that in (my) (our) opinion	death occurred on the	late and hou		
#		226. SIGNATURE	-	,		DEGREE ATTENDING	MEDICAL ST	AEE		ATE SIGNED
5-		recei		msend		MD ATTENDING PHYSICIAN [MEDICAL STA	CIAN X	8-	-6-86
IMPORTAL		22d. PHYSICIAN'S NAM PETER T				CBMC - 6701 N.	CHARLES STRE	ET 21204	1	
N N N	23a. f	SURIAL, CREMATION, RE	MOVAL I	23b. DATE	23c, NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
		SPECIFY) Urial		8-9-86	Loudon	Park	Balto.		COUNTY	Md.
		JNERAL DIRECTOR		0 3-00	1050	York Rd. 250 DA		256. REGIST	RAR'S SIG	
50M 7/B4 5, 4)	Rı	ick Towson F	linera	1 Home T			100 0 100	10		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, FOR - STATE MEDICAL EXAMINER'S CERTIFIC . REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-Dona 1d Werner 1986 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR YEAR (AST BIRTHDAY) 8 PM PRONOUNCED May 20 1939 DEAD 8 2 1986 White 47 YRS Male Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Marvland USA DIVORCED Baltimore County, WIDOWED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Franklin Square Hospital Motor Repair-Industrial Essex JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | NO 27 4134 BrookfieldRd.21236 3a STATE 136 COUNTY 13c. CITY OR TOWN Balto. Md. Balto. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rogers Benjamin Anna Werner Marie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 219-26-2683 Christine Werner4134BrookfieldRd. 60 - 64ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMI AND MENTAL HYGERE VATION, OR REMOVAL Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) USED AS A E 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YESX NO [EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE 1 AFIER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIGR TO BUI 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211 LOCATION STREET. FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted Iram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/4/86 DATE SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Maryland 8/6/86 Oak Lawn Cemetery Burial 07/84 25AA 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) ConnellyFuneralHome 300MaceAve. 21221





APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE 86 _19__86___, and that in 🕮 (our) opinion death accurred on the date and hour and from the couses stated 220 DATE SIGNED 1986 AUGUST 23. DIRECTOR PHYSICIAN IX VA MEDICAL CENTER, FORT HOWARD, MD 21052 230. BURIAL, CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 8-27-86 Salem Presbyterian Burial Green briar West Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Duda-Ruck, Inc. 7922 Wise Ave Balto Md 21222 runa Davidson-Mandalle

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> 2b. HOUR 4:30^A

HOURS

126 KIND OF BUSINESS OR

21219

IF UNDER ! YEAR

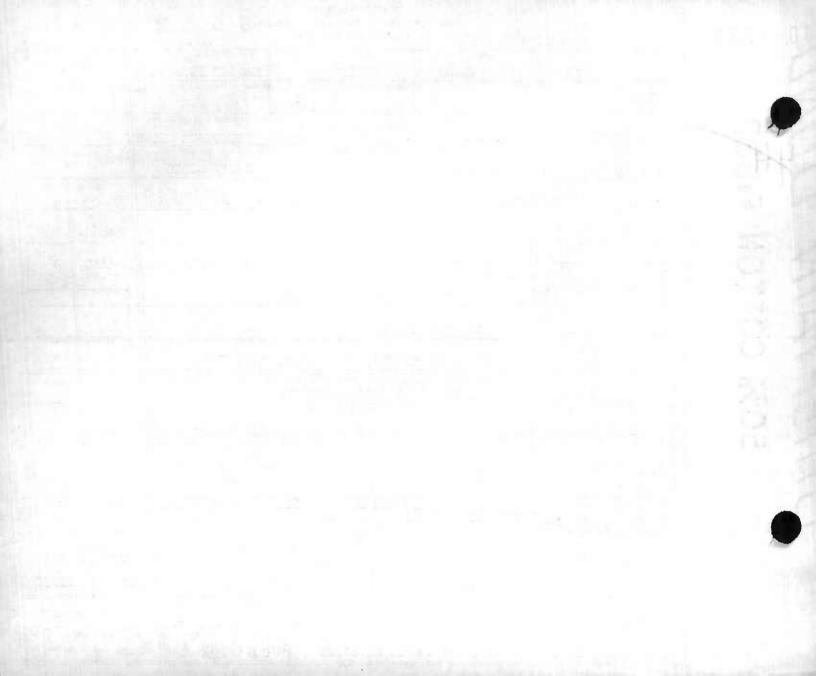
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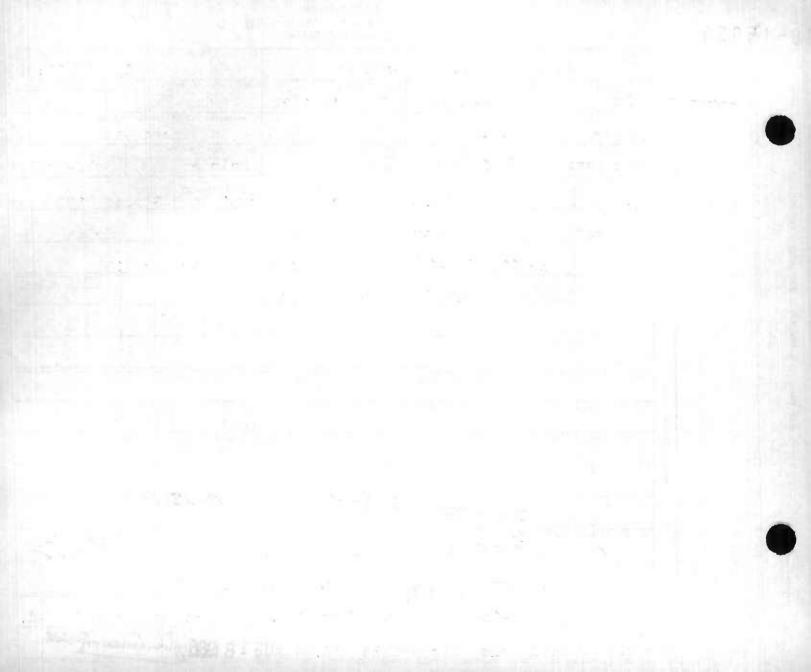
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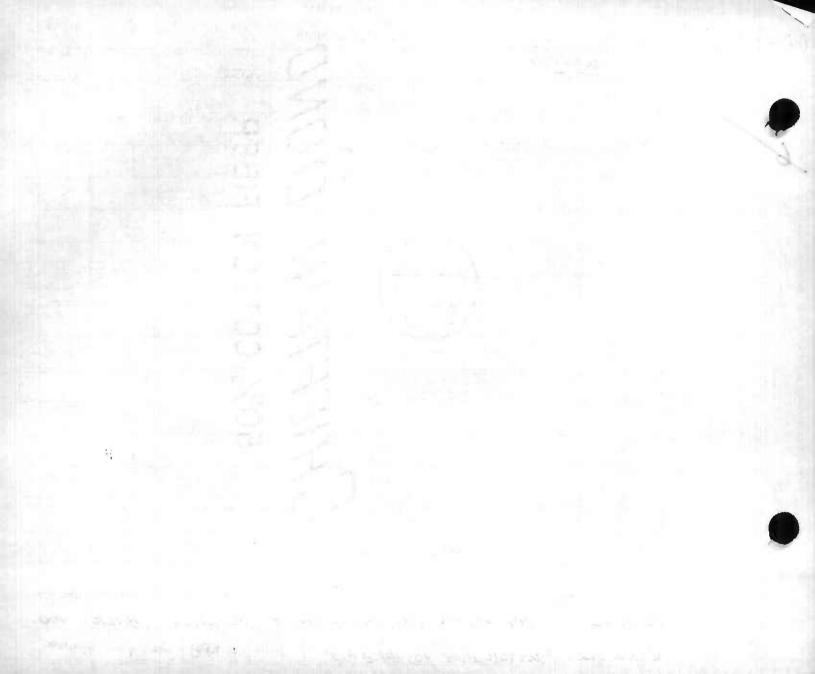
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				CEASED NAME	FIRST		MIDDLE		LAST		2a DAT	E OF DEATH	MONTH	DAY YE	AR 2b. H	IOUR
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BALTIMORE,	Pogo.	E /		es	W	W 11	184-1	16-754	6 Kim	Whitma	n	Sam	e as	#13	PPROXIMATE WEEN ONSET	
RDS, 201 W. PRESTON ST equires that the death cert	n signed by the attending p Then please remove corban to buriol, cremation, ar ren	injury, or other troumotic ev	NOI	Conditions, if of gove rise to couse (a), stunderlying co	iny, which immediate ating the use last.	(b) DUE TO, O	DR AS A CON!	SEQUENCE O		TED TO THE TER.	MINAL DIS	SEASE OR COP	NDITION G	GIVEN IN PA	RT 1(a)	
ECO Iow	s beer	Ou Ca	CERTIFICATION	190 DATE OF OPE	RATION	19b COND	ITION FOR W	HICH OPERA	ION WAS PER	FORMED	20a /	AUTOPSY?	20b. IF Y	ES, WERE F	INDINGS I	USED DEATH?
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require ottending physicion.	riol-	9	MEDICAL CE	210. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY A	CAUSE OF DE	ATH HOUR A	.m. month .m.		9	INJURY OCCU	RRED (EN	TER NATURE OF INJ	JRY IN ITEM II	8 PART I ORPA	RT 2)	
IVISION AG PHY ottendin	fter this as the bu	morked or	WED	21d. INJURY OCC	URRED		OF INJURY TREET, FACTORY, O	OFFICE FARM, ETC	211 LOCA	TION		CITY OR 1	OWN	COUN	ity	STATE
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DHMH	- 16 60M 7	7/84		JNERAL DIRECTOR			ADD	PRESS		25a. DA	ATE REC'D.	BY REGISTRA	26 REGI	STRAR'S SIC	GH URE	M
	(RA 15, 4)		Ma	cNabb F	unera	1 Home	Cato	nsvil	Je Ma	IA L		R 1986	June 1	Davidson	1	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR I. DECEASED NAME EIRST 20. DATE KNOWN 2b. HOUR MONTH DAY (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES.

E), WITHIN 72 HOURS

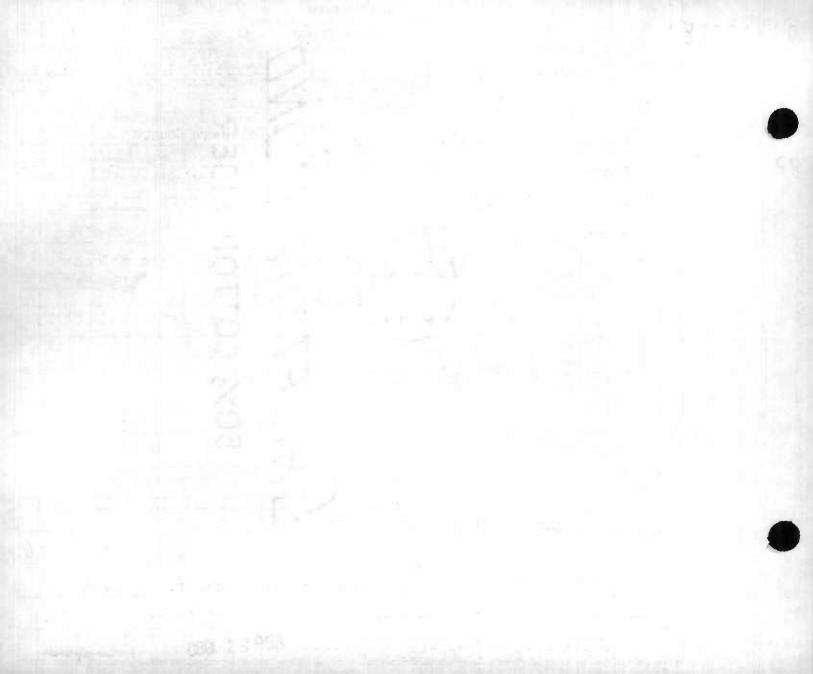
W. PRESTON STREET, 19 % DEATH MATED 2d HOUR SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County Pennsyl vania USA WIDOWED & DIVORCED AND 3 TO THE FUN RETAIN PAGE 5 F HOULD BE FILED, W RECORDS! 201 W.R. 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rosedale Spring Avenue Ret-Tile Setter 21237 Self-Employed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 319 Spring Ave. Maryland NO TO NIB. GIVE PAGES 1 G WITH FORM PA WIT. PAGES 1 JE, DIVISION GENTRAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST LAST FIRST Daniel Ellen Whitmire Alwena Cyrus Gephart 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) I LIF YES. GIVE WAR OR DATES) 209-01-6625A Charlene E. Berk 1319 Spring Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIAND 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES . 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR THE FORMARDED FOR THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22e I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes death resulted from: Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY CITY OR TOWN 8-20-86 Maryland Gardens of Baltimore. BP DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) 20M 4/82



			STATE OF MARYLAND	
	13	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	150
0 11070	1.	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, , ,
0-149/8	1. DI	CEASED NAME FIRST		DAY YEAR 126 HOUR
		PE OR PRINT)	MIDDLE LAST 20. DATE KNOWN OF ESTI-	ZU. HOOK
F IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. ILED, WITHIN 72 HOURS OI W, PRESTON STREET,	Charles and	Marga	ret Wickham DEATH MATED 18/	5/ 19 86 M
通いまる語	3 SE	X 4 RACE	5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 24 DATE MONTH	DAY YEAR 24 HOLIR 8:30
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AY IS NE PURP SAGE 5 FILED, W.	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK	12h KIND OF BUSINESS
	1	m	[IF NOT IN SUCH FACILITY GIVE STREET ADDRESS] FOR MOST OF WORKING LIFE)	OR INDUSTRY
D. 21201 IF ANY DELAY 2. AND 3 TO TH 3. RETAIN PAG SHOULD BE FILL	9	TOWSON AL RESIDENCE (IF IN NURSING HOME OR	Greater Baltimore Medical Center SECRETARY	011
OR AND S		STATE A 131 COUNT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN 130 CITY LIMITS? 130 STREET ALLONESS 7.3	20770
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S O E A		IN. CAUSE OF DEATH (Enter only	The first of the f	APPROXIMATE INTERVAL
HOURS M 1B. G MG WIT. P. RMIT. P.	2.15	PART I DEATH WAS CAUSED	y one couse per line for (o), (b), and (c).) BY:	BETWEEN ONSET AND DEATH
PRESTON ST., II (ITHIN 24 HOURE CLI IN ITEM 1B. C ANSIT PERMIT F ANSIT PERMIT R RRMOVAL.	-		E CAUSE (o) Cranio-cerebral Injury	
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PREV ANS		Conditions, if any, which		
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_ Depart . The		lying cause last.	DUE TO, OK AS A CONSEQUENCE OF	
71.07.02.0	200	emercani de State	(c)	
S A S S S S S S		PART 2 OTHER SIGNIFICANT CONDITIONS C	DNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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CERTIFICATE TING THE WOED THE 3 SHOULD BEPARTMEN 1 PRIOR TO E	S	21d. INJURY OCCURRED	EATH 7:30P.M. 8/5/1986 subject occupant of auto/fixed o	nlecr Tillbact
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RW. F. P.	7		V	
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MEDICAL E ECUTE THE GE 4 SHOU FUNER DEATH,	200	SKAPARTORE	M.D. ASSISCATIL MEDICAL EXAMINER SIGNE	D_0/1/00
A S A S A S A S A S A S A S A S A S A S		EXAMINER'S NAME	D Vonffrag M D	
₹ UU U E		(TYPE OR PRINT) Greg	ory R. Kauffman, M.D. ADDRESS 111 Penn St.	
PATO PETO		URIAL, CREMATION, REMOVAL 23	B. DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION	0 4
07/B4 BP		ARam allen	8-9-86 Worth and Constitution Court	Knobstate n. J
25M	74.1	UNEUAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S	IGNATURE
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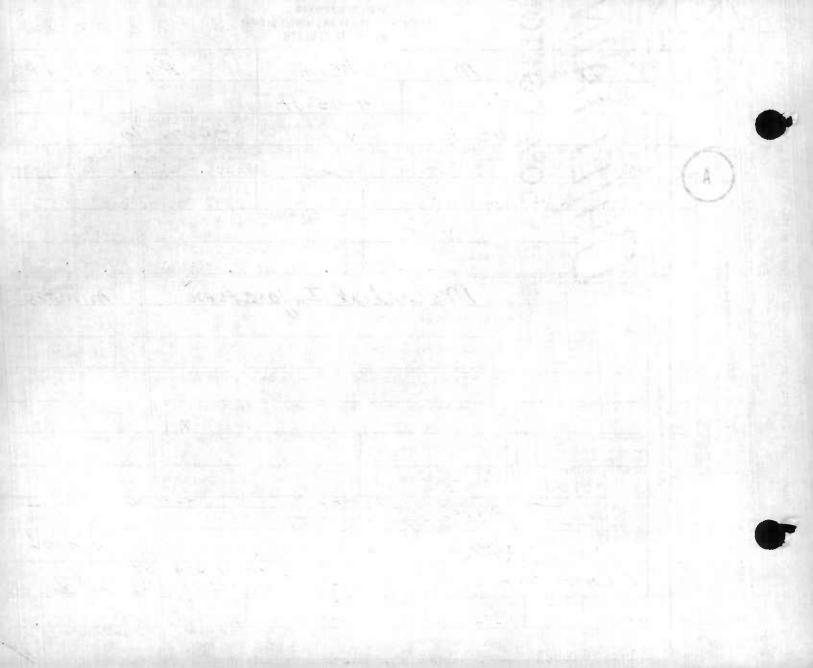
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR I. DECEASED NAME Ze. DATE KNOWN | 26 HOUR MONTH TYPE OR PRINT OF ESTI-Gladys M. Wildisan 6p M E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
W. PRESTON STREET, Aug. 4 RACE 6. AGE (IN YEARS SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Female White July 22, 190 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR NEVER MARRIED Baltimore County U.S.A. DIVORCED IN CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Kingston Road Baltimore Housewife ---USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Balto. 13d. INSIDE CITY LIMITS? 21220 Balto. 13e. STREET ADDRESS 743 Kingston Rd. NO A 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Thomas Miner Pearl 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 743 Kingston Road (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-22-3715 Anita Kern Baltimore, Md. 21220 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (p) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last RITING THE WORD "PENDIN RDED TO THE CHIEF MEDIC ER 3 SHOULD BE USED AS A BUIL TE DEPARTMENT OF HEALTH AND OT PRIOR TO BURIAL, CREWALL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO | 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR. PAGE A SHOULD BE FORWARN TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an and in my opinion Homicide Undetermined manner EXAMINER'S NAME HLUWALCH (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b. DATE 23d. LOCATION STATE Evergreen Mem. Gardens Finksburg. BP 250. DATE REC'D. BY REGISTRAR 24. FUNERAUDITECTOR relia Nacionali-Ad **DHMH - 17** Owings Mills, Md. (VR A15 ME (5)) 20M 4/B2

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	by be oge 3 death	[114.6	ORPRINT) Thank	5 M.	Wil	ng/m	/	rug 7, 1986 4	PM
	ge 4 may ector, pa	3. SE		Cauc.	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	24 HRS MIN.
	Po Po		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
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		10 9	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		ROTHER INSTITUTION	120 USUAL OCCUPATI		SSOR
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MARYLAND 2120	A CANA	130	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE ITY		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
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*	by the ase relational, crem		underlying cause last	(c)					
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AŁ R	the land						YES NO	YES NO	
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DIVISION OF VIT	A Miss adur	ED	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	YN COUNTY ST.	ATE
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	NDIR F or All	1 73	22a I certify that (I) (this hospit	911.191	from Z-	486,19		7-8619, that (1) (4	lost
	Spito CTO for of h		saw the deceased alive an abave, (1) (we) (did) (did no	8/6/96	_19, or	nd that in (my) (our) opinian o	death accurred on the d	ate and haur and from the causes sto	ted
	OK to both of them		22b. SIGNATORE	11-100		DEGREE	WEDICAL STA	274. DAJE SIGNED	/
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	0 - 0 - 0		CKAIN A	HBER, In	D.	REISTER	estown,	md 21136	
	5 a 5 4 3 8		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STA	TE
	BP		Burial	8-9-86	Black	Rock Cemete	ery Butler	Balto Md	
	DHMH - 16 50M 7/77	24. F	UNERAL DIRECTOR	ADDI	RESS	25a DATI	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE	
	(VR A 15 (4))	E	line Funeral			AUG	3 1 1 1986	20. REGISTRAR'S SIGNATURE	



-16170	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	2200) 3
1 21		CEASED NAME FIR	ARROLL	W.	WIL	KERSON		MONTH DAY YEAR 8 19 186	2b. HOUR 2:36P _M
ge 4 may edo, po	3. SE	MALE	1. RACE	ITE	5. DATE O	PS 1900	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	R IF UNDER 24 HRS HOURS MIN.
a the second of		RTHPLACE (STATE OR FOREK COUNTRY) PLVETZT CO.		S.A.	Y? 8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O BALT IMOR	E COUNTY OF DEATH	MD.
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135	USU 130	AL RESIDENCE (IF NURSING H STATE 13b	OME OR OTHER INSTITUTE COUNTY	13c. CITY OR TO	ORE ADMISSION) OWN 1/12LE	YES NO P	3/00 W	ZIP CODE 21	134 RD.
1 100 80	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA LAURA	WIDDLE	HUTCH	INSON
in and co		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES YES, GIVE WAR OR DATES		-4456	17. INFORMANT FAM	1124 Rt	ECAZOS	
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over that the dark or or greed by the overestring in please remonance bursal, creatework by, or other trid trichts	18	Conditions, if any, who gave rise to immedia couse (a), stating to underlying cause (a) PART 2 OTHER SIGNIFIC	tich (b) (b) (b) (b) (c) (c)		S'I'ING' H	EART DAMAGE F			101
the law requirements of the permit The terre prior to	CERTIFICATION	DATE OF OPERATION				WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
PHYSICIAN, T midding physician this certificate e burishman d Membal Hyg	MEDICAL CER	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED	OF DEATH HOUR	E OF INJURY A.M. MONTH P.M. CE OF INJURY STREET, FACTORY, OFFIC	DAY YEAR 19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJU		STATE
TTENDING phal or ath TOR. After for use or th of Health an	-	220.1 certify that (I) (this saw the deceased of above, (I) (we) (did) (hospital) attended	the deceased from	8/1	2, 19 <u>.85</u> I that in (my) (our) apinian	, to8/19		., that (I) (we) last e causes stated
PITAL OR A by the box ERAL DIREC se detached Shorte Dept.		22b. SIGNATURE	Jour	berti	mo	ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	FF - O-	19-86
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mo)	3. SE	X	4 RACE	5. DATE OF BIRTH	6. A	GE TIN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
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of the state of th	12000	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	RY? 8. MARRIED NEVE	FR MARRIED . 9 B.	ALTIMORE CITY OR COL	UNTY OF DEATH	
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	_ 18 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER I		USUAL OCCUPATION PE OF WORK FOR MOST OF WORK		BUSINESS OR
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d within	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTH	ER'S MAIDEN NAME	WIDDLE	LAST	
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hroate hroate poper lovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	only one couse per line for (o), (b), and (c).T	1 -11	0	BETWEEN ON	ATE INTERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the beath certificate be executed within 24 hours afternating physician and completely filled in b. On the fill completely filled in b. On the law requires the place of the presence of completely filled in b. On the law requires the place of the pl	1	underlying couse lost.	(c)					
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0 1 5 3 3 5 -	23o.	BURIAL, CREMATION, REMOVAL	L 123b. DATE	23c. NAME OF CEMETERY C		3d. LOCATION		
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	24 F	UNERAL DIRECTOR				D. BY REGISTRAR 256 RE		
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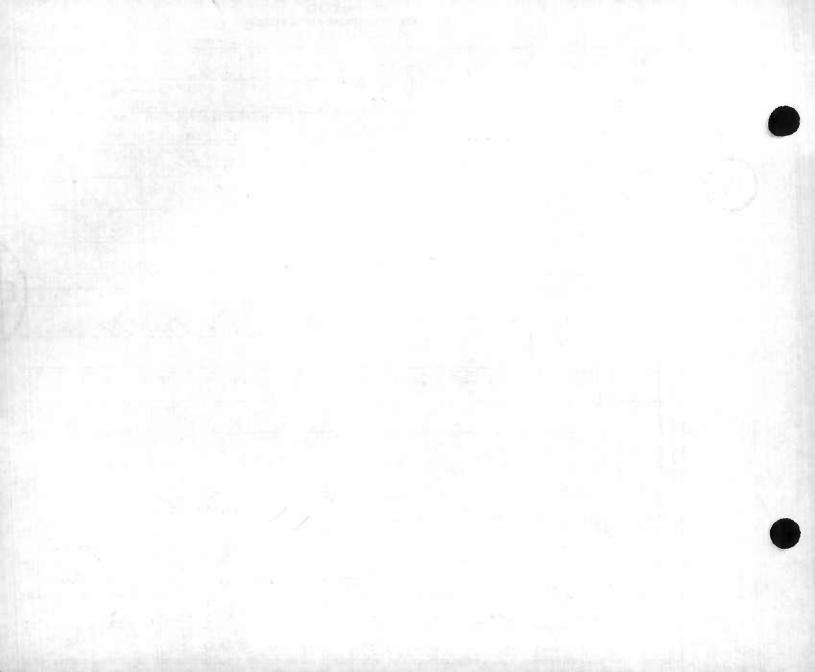
ELINE FUNERAL FOME REISTERSTOWN PD.

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE REGISTRAR REG. NO I. DECEASED NAME O. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Williams DEATH MATED 8/ Kevin Eugene 19 86 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YR IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 21YRS male white 04-16-1965 DEAD 19 86 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) PA USA Baltimore County, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore Park Hohts Ave. - 1 mile south Greenspring Trainer Race track WAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 130 STREET ADDRESS Allegany Flintstone NO X none/21530 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Edmund E. Williams Betty L. Self 40 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES! no 185-50-7282 Mr. Edmund E. Williams, Bedford, PA-fa 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Craniocerebral Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. CERTIFICATION E 3 SHOULE E DEPARTMENT OF HEAD OI PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KAK MONTH DAY UNDERLYING X OR 8/ 19 86 subject occupant of auto/fixed object impact 8/ CONTRIBUTING CAUSE OF DEATH 8: 00P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYJAND, 21201 roadway Park Hights Ave. & Greenspring Rd., Balto.Co., Mc 220. I certify that I took charge of the remains described obove, held on and in my opinion Accident X death resulted from: Homicide Notural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8/9/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. TYPE OR PRINT DAE O 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY PA Burial 08-12-1986 Union Cemetery Centerville 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))



(VRA 15, 4)



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ME THANK AND A SECTION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH I. DECEASED NAME 2b HOUR LIYPE OR PRINTS Charles Willinghan 5, 1986 3:02p Edward August 4 RACE IF LINDER 24 HRS 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 10"- 18"- 05" Male White 80 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore County Maryland U.S.A. WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Franklin Square Hospital Custodian - Balto. Co. Baltimore Bd. ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 13p STATE 13e STREET ADDRESS / ZIP CODE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 4235 Coldwell Ave. Maryland 21206 Baltimore Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE F. Willinghan James Katherine Grammer 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES NO OR UNKNOWN (IF YES, GIVE WAR OR OATES) 216-12-2188 Thomas C. Willinghan 22 Cliffwood Rd. 21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), I PART I, DEATH WAS CAUSED BY: Acute Mercarded incres de IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF a toruscle relacardiscopular de 16) Histor of cardiae avolun the Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a, DATE OF OPERATION 196. COMDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOE NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART ?) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEAD LIF EITHER NOTIFY MEDICAL EXAMINATION PM 19 216 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET 220.1 certify that (1) (this baseital) attended the decepsed from Careface Carros pop you con con sow the deceosed olive on. obove, (1) (we) (did not) view the body ofter death. DEGREE 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 226 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b shour the 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION (SPECIFY) Balto. Md. Parkwood Cemetery 8-8-86 Balto. Burial 7401 Belau Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO DHMH - 16 60M 7/84 (VRA 15, 4)

availant book 1270

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE?

1.	REGISTRAR	XC 0451	4326		CERTIF	ICATE OF DEA	ATH	REC	5. NO.			
	CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
		RAYMON	D F	LORIAN	W	INDSOR		AUGUST 3	30, 1986		10:08 PA	
1. SE	X		4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LA		IF UNDER 1 YEAR		
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70 BI	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIEI	D NEVER MAI	RRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH		
	IARYLAND		U.S.A	١.	WIDOWE		RCED	BALTIMOR	RE COUNT	Y	WE	
H) C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INSTITU	TION	12a USUAL OCCU			OF BUSINESS OR	
	ORT HOWA	- 9	VA MED	ICAL CENT	TER			WATERMAN		se	afood	
13a. S	AL RESIDENCE (IF	-13F CON	OTHER INSTITUTION TY ARUNDEL	GIVE RESIDENCE BEFORE	N	136 INSIDECITY		13e STREET ADDRE			165	
	ATHER'S NAME	PHINE	MONDEL	44200		15 MOTHER'S M	O X	4851 CHU	KCH LAN	L		
F	RAYMOND	,	MIDDLE	WINDSOR		JANI		MAE		PHIP	PS	
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	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST											
	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if ony, which (b) RIGHT HILAR MASS LESION											
	cause (o), st	ating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
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z				ROVASCULA			THE TERM	INAL DISEASE OR (ONDITION GIV	EN IN PART 1	Ia	
ATIC	90 DATE OF OPI			ITION FOR WHICH			(ED	20e AUTOPSY?	120b. IF YES	S, WERE FIND	INGS LISED	
IFIC								YES NOS	IN CERTIF		S OF DEATH?	
CERTIFICATION	21a. ACCIDENT WAS	UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJU	RY OCCURR	RED (ENTER NATURE OF			NO []	
	OR CONTRIBUTING		In .	.M. MONTH DA	AY YEAR							
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18	22d. PHYSICIAN					22e. ADDRESS			hy Eggs			
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

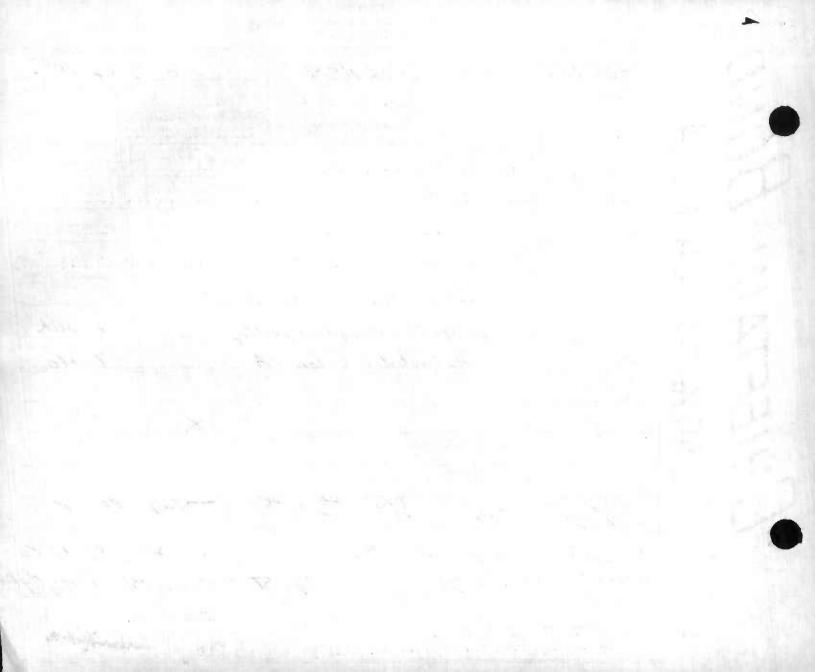
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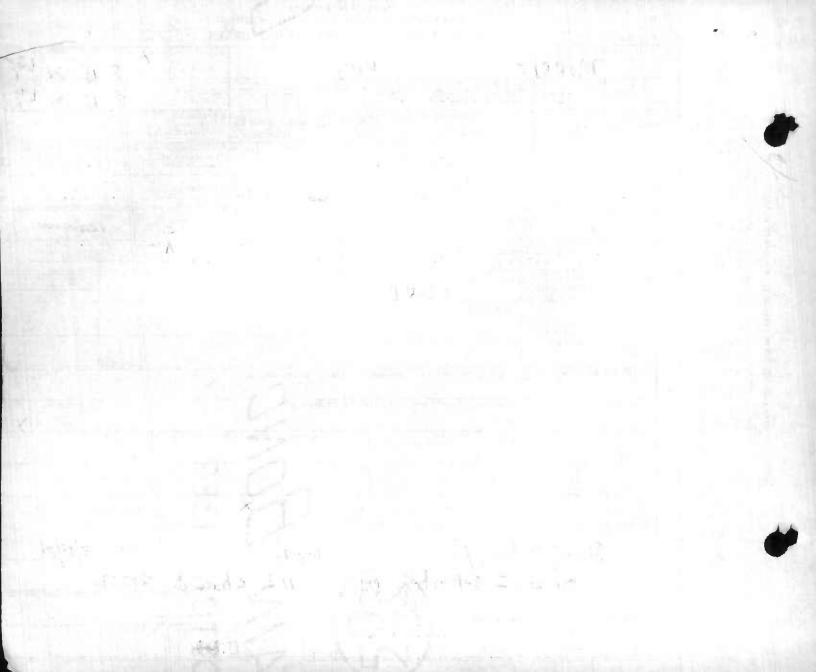
Quaker Cem.

Garesville CONA. A. MONE

Hardesty Funeral Home ADDRESS 12 Ridgely Ave. Ann Md. EP 4 1986 Julie Davidson Ann Julia Davidson Mandala



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STATE OF MARYLAND

1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI	IENES 6	2	2073
	CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR 26. HOUR
(ling)	Harry	/	WOCK	ENF	USS	July 29.	1986	6·104
3. SEX		4. RACE		DATEC	OF BIRTH	6. AGE LIN YEARS LAST BIR	THDAY)	IF UNDER TYEAR IF UNDER 24 HRS
1	Male	Whit	е	MONTH	10° 05 YEAR	81	YRS	MONTHS DATS HOOKS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	AABBIE	D NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH
	Maryland	US	Α	IDOWE	3.0	Baltimore	Coun	ity MD.
	TY OR TOWN OF DEATH Rossville	11. NAME OF UF NOT IN SUC Frank	HOSPITAL, NURSING HE HEACHITY, GIVE STREET ADDR 1 in Square	HOME C	or other institution spital	170 USUAL OCCUPATION OF THE PART CHE	ON	12h KIND OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	or other institution	GIVE RESIDENCE BEFORE ADM	AISSION)	13d. INSIDE CITY LIMITS?	130 SUREEL ADDRESS	ZIR GOD	PEBalto.,Md.21237
14 FA	THER'S NAME FIRST FINIL	MIDDLE	Wockenfus	S	15 MOTHER'S MAIDEN NAM			Schwartz
	VAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY	Y NO.	17 INFORMANT	ADDRE		
(Y	(IF YES, G	IVE WAR OR DATES)	213-09-297	5	Betty L. LeB	run 51 Sout	th Ri	tter Lane 21117
NO	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		alc	Cancer of the	IVEN IN PART TO			
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\text{NO} \)
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, MOTIFY MEDICAL EXAMIN) 21d. INJURY OCCURRED	P. 21e. PLACE	M. MONTH DAY M. OFINJURY	YEAR 19	216 HOW INJURY OCCURR			PART I OR PART 2) COUNTY STATE
A	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY OFFICE FARM.	ETC)	STREET	CITY OR TO	WED	COUNTY STATE
	23s I certify that (II this hospital to the decount of the obove. (If we gold) did	- July_	29 19 86	une Ŝ	30, 1986 nd that in (my) aur apinion of	ta July 20 death accurred an the d	ate and ha	that (I) we) last aur and Iram the causes stated
		22c. DATE SIGNED						
	22% SIGNATURE	5./hm	anda u	-	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		1
	224 PHYSICIAN'S NAM	RS-MI	ponde.	m	ATTENDING	DIRECTOR PHYSIC	CIAN 🖳	/

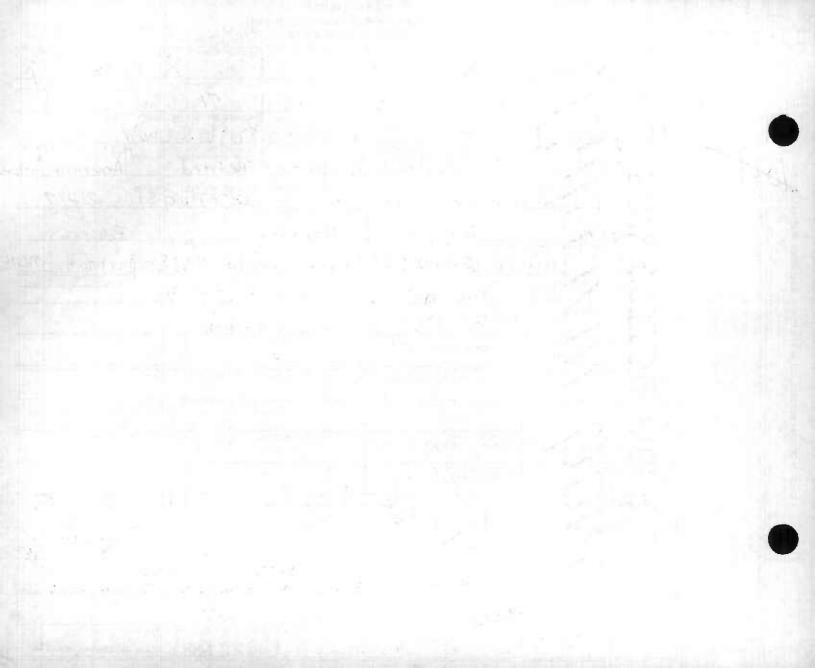
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Legisland Legisland in the man product of the same of MURAUM 13 Allo DA 1490 And Tolling

		1							MARYLAND						4
00	2	11.	FOR STATE			DEPART	MENT OF	HEALT	H AND MENT	AL HYGIEI	NE	0	1	1 1	
00-	7180		REGISTRAR		M	EDICAL	EXAMI	NER'S	CERTIFICAT	E OPDE	ATH &	G. NO.	U	-	
			CEASED NAME	FIRST		WIDDLE			LAST		Ze. DATE KNOW	WN X MO	NTH DAY	Y YEAR	26. HOUR
	Walk Will	(TY	PE OR PRINT)	JIMMY				7.7	₩ DC		OF EST DEATH MAT		0 21	00	
	新り担い	3. SE	(RACE	5 DATE OF BIRTI	4	6 AGE (INY		OODS NDER I YR TIF UN	NDER 24 HRS.		MOM	8 31		
	SET	3. 36.	100	, noce	MONTH DAY	YEAR	LAST BIRTHE				PRONOUNCED	MON	VIII DAI	TEAR	24 HOUR
	\$200 E	_		White	8 31	63		RS.			DEAD		8 31	1 1986	night
-	おまでませる。		RTHPLACE (STA	ATE OR	76 CITIZEN OF	WHAT COUN	TRY?	8 MADE	RIED NEVER M	AADDIED KK	9. BALTIMORE	CITY OR CO	UNTY OF	DEATH	-
	SASE W		Md.		TI C	Α.				ORCED		ore Co	untu		
,	01118	10 C	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176. USUAL OCCUPATION CHALGE OF							124 K	IND OF BU	SINESS			
H	SHARE A	1	D-74-		(IF NOT IN SUCH			,							
24	B0 # # =	11011	Balto.	IF IN NURSING HOME OF	3731 Sc					Gra	vedigger				m.
9	CEEDS.	13a S	TATE	13b. COUNT	TY		OR TOWN	10N)	13d. INSIDE CITY LIMI	ITS? 13e STI	REET ADDRESS	Balto.	., Md		
14	長年 報告報		Md.	Bal	to.				YES NO	DE 37	46 Songb	ird C:	ircle	#21	227
9	Topost -	14. F.	ATHER'S NAME		MIDDLE				15. MOTHER'S M		E				
100	X 80 9 2 2 2	1	FIRST		WIDDLE		LAST	, ,	FIRST		MIDDLE			LAST	
9	- A B B B B	16a. \	Douglas WAS DECEASED	EVER IN U.S. ARM	AED FORCES?		TOLZE		Sudi	e	- AD	DRESS	WO	ods	
LT.W	田中の名の	()	ES, NO, OR UNKNOV	(IF YES, GIVE V	VAR OR DATES)						more, Ma				
3	A PERS						80-862	29	Mrs. Sud	ie Sto	lzenbach	3746	Son	gbird	Cir.
ETONOT.	8 8 5 0		18 CAUSE OF	DEATH (Enter only	y one couse per li	ne for (o), (b)	, ond (c).)						BF.	APPROXIMATE TWEEN ONSET	INTERVAL
	¥55683	1	PARTIDEA	IMMEDIAT	E CAUSE (o)	Shotau	n wour	d of	neck						
	OVE ALCO					R AS A CON									
	238 25B			, if ony, which											
	F F F S			to immediate	(b)	R AS A CON	SEQUENCE	05							
5	BASS SA		lying cous		000.00	N AS A COI	250051465	Or							
	B1 4500		2.42		(c)										
DIVISION OF VITAL RECORDS	NA A B CAR	z	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)												
50	CRTIFICATE SHOULD BETTING THE WORD "PEUDING THE WORD "PEUDING TO THE CHIEF MEDING TO SHOULD BE USED AS PRIOR TO BURIAL, CREMINAL OF HEALTH PRIOR TO BURIAL, CREMINAL OF THE MEDING THE	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?												
3	AL, AL	1 5	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20	AUTOPSY?	?			
5	SHOUL CHIEF CHIEF TOF H SURIAL												_ 1	YES 🔽	NO 🗆
P. C	THE WENNEN	1 5	210. EXTERNAL		216. TIME C	DE INJURY MEMONTH	DAY VEA	21c. H	OW INJURY OCCI	URRED (ENTER	R NATURE OF INJURY IN	ITEM 18 PART TO	OR PART 2)		
N	ARTA OUT		UNDERLYING CONTRIBUTIN	G ☐ CAUSE OF D		m. 8-3			oject sho	at					
ISI	CERTIF TING SED TO 3 SHA DEPA	MEDICAL	714 IN IURY OF	CURRED	71e PLACE	OF INJURY	(AT HOME,	21f. LC	CATION	٥٠.					
5	S R R R P P	Z	WHILE AT WORK	NOT WHILE		CTORY, FARM, E	(C.)		STREET		CITY OR TOWN	.71	COUNTY		STATE
	E>>>E	1	AT WORK	AT WORK	r	nouse		131.	31 Songbi	ird Cii	rcle	N. L.	Balti	imore,	MD
	ECERTIFICATE, DUID BE FORW L DIRECTOR; FH, WITH THE STARMARYLAND, MARYLAND,		22a. I certify	that I took charge	of the remains d	escribed obo	ve, held on	Autop	sy 🗓 . Inspi	ection .	Inquiry .	ond in m	y opinion		
	MINING BE FOR		death resulted	from Noture	ol couses .	Accident	S.	Jicide [, Homicide	X), Unde	termined monner				
	KRTI WITH			1		1		orcide	TITLE (SPECIF		nermined monner	<u> </u>			
	CAL EXA THE CER SHOULD SHOULD STH, WIL		ACTUAL	1/1/1	,	2			*			D/	ATE O	1 00	
	SEX SER	4	SIGNATURE	- Andrews		7		^	Assista	MED MED	DICAL EXAMINER	SK	GNED	9-1-86)
	S C S	1	EXAMINER'S N	AME Willi	am M. Za	ane. M	.D.		111	1 Penn	St., Bal	to	MD 2	21201	
	TO MEDICAL ES EXECUTE THE CI PACE 4 SHOUL TO FUNERAL D AFIER DEATH, V BANTIMORE, M	1	(TIPE OR PRIN	1/					ADDRESS					.1201	
	E05149	23a.B	URIAL, CREMATI	ON, REMOVAL 23		23c. N	AME OF CE	METERY C	RCREMATORY	23d. LC	OCATION		COUNTY	57	ATE
07/84	BP		Burial	. 9	-6-86	McI	aniel	s Cen	neterv	-	ndon.	177		V	
25M	DHMH - 17	24 F	UNERAL DIRECT	OR O	3	512	FRE	DEP			Y REGISTRAR 25b				•
	(VR A15 ME (5))	G	Truma	n Settu	AB Z	TO ALL	1410	#21	2-29 SF	-P4 ·	1986	Junida	or Work	الأفاقال	A)
	1-77				114	DAY	1001	2			1000	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	-		

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	1			STAT	E OF MARYLAND			
-16368	1-	FOR STATE REGISTRAR	DI		EALTH AND MENTAL H	YGIENE 6	2 2 0	10
y be death	(239)	CEASED NAME COMMON!	MIDDLE	Wrig	24	20 DATE OF DEATH	8 19 86	· · ·
age 4 ma una after	3.58	И	B	S DATES		6. AGE (IN YEARS LAST BI	YRS	DAYS HOURS MIN.
	1	BIHPLACE (LEAST DEFORMAN)	U.S. A.	WIDOWE	D NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION	12° USUAL OCCUPAT	OLW Y	MD.
01/20	2	AT RESIDENCE (IF NURSING HOME OF	(MOSTHEUCH EVERTA C	MALLS	Hospice	Type of work for most Retired	OF WORKING LIFT) INDUS	IND OF BUSINESS OR STRY PENCAL AIRL
02	131	STATE 131 SOUN	NIY - 13 CITY	or town timbre	13d. INSIDE CITY LIMITS? YES X NO	1325 ETTI	ZIP CODE	21217
and the second s	7	Stephen WAS DECEASED EVER IN U.S. AR	MYI WYI	al SECURITY NO.	FIRST HACTIE	MIDDLE	ESS B	NAST NAST
1 1000	1.		WIL 29-	07-3585	Stephen W	Unight 716	1 Stagharr	Path 2104 PPROXIMATE INTERVAL WEEN ONSET AND DEATH
requires that the decreasing the office of the please remove to the buyar, or other traustration by injury, or other traustration.	CATION	Conditions, if any, which gave rise to immediate course its stating the underlying course lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A COLLECTION OF THE CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR	NSEQUENCE OF		RMINAL DISEASE OR CON	NDITION GIVEN IN PA	
Con.	CERTIFIC			WHICH OF ENAMO		YES NO	IN CERTIFYING CA	NO [
PHYSICIAN and to physical this certifico to the 187	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	19	211 LOCATION STREET	JRRED (ENTER NATURE OF INJI		
ATTENDING upitol or oth CTOR After for use out it of Health o	- 3	220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did na	ital) attended the deceased	from 19 , ar	ad that in (my) (our) opinio	on death occurred on the c	Jote and hour and Iron	that (I (we) lost m the causes stated
TAL OR Ty the to RAL DIRE refronted fore Dept		22d. PHYSICIAN'S NAME (TYPE O	,,		DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STA	IFF CIAN 22	PATE SIGNED 86
TO FUNE TO FUNE TO FUNE THE THE		Edd:	ie Nakhuda, M		Ste. 2300 Dulane	lla Maris Ho y Valley Rd.		MD 21204
BP	E	surial, cremation, removal Surial	8/23/86	23c. NAME OF C	EMETERY OR CREMATOR	AYBUTU	s, Md. COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Wn	DINERAL DIRECTOR 1 Chammarch F/H We	est 43Ĉ	DORESS Wabash	Avenue Z50. D	AUG 2 2 1986	1	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

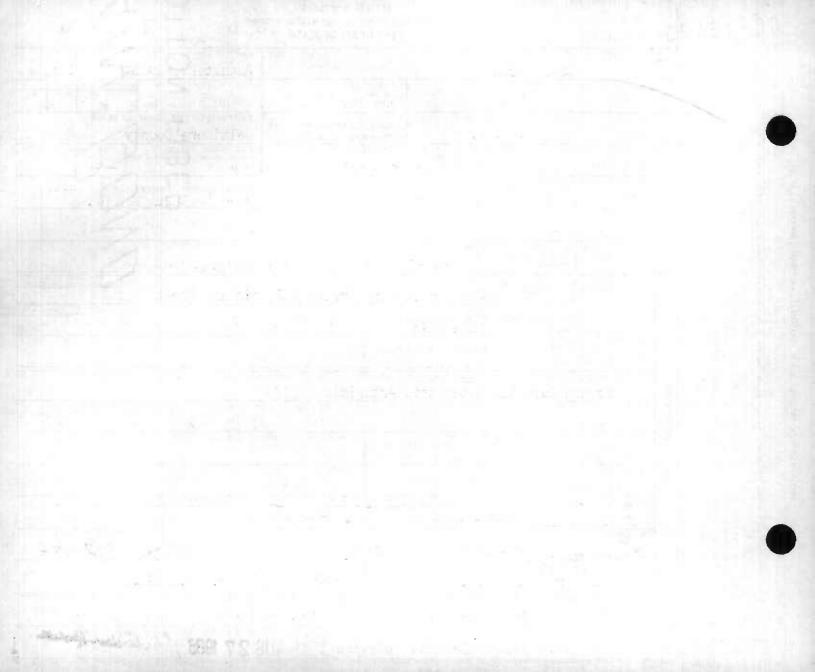
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	-	KE O IO I KI KI						REG. NC				3	
		CEASED NAME FIRST		20. DATE OF DEATH MONTH DAY YEAR 26. HOUR									
	11779	Dawn		August 20, 1986 12:15a M									
	1. SE)		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTE	HDAY)	MONTHS	DAYS	IF UNDER 24 HRS	
1	F	emale	White		June	28, 1956 YE	AR	30	YRS.	MONTHS	DAYS	HOURS MIN.	
10		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	9		- DXI	9. BALTIMORE CITY OF	COUNT	Y OF DE	ATH		
4	M	faryland	U. S. A	•	WIDOWE	NEVER MARRIE		Baltimore	Coun	ty	31	MD.	
-	10, CI	TY OR TOWN OF DEATH	120. USUAL OCCUPATIO										
1	В	Baltimore		n Square		tal		none					
70		AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIA	AITS?	13e.STREET ADDRESS /	ZIP COD	F		21227	
- Sales		ryland Balti	more	Baltimor		YES X NO		9000 Frank			Dr.	21237	
m,	H FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID	EN NAM	NE MIDDLE			LAS	Y	
20	Sa	muel Lee Young	MIDDLE	2701		Shirley	E11:						
11		VAS DECEASED EVER IN U.S. AR	MED FORCES?	RITY NO.	17. INFORMANT		ADDRES	SS					
7.4	green.	No		214-68-5	065	Shirley Yo	Seaford, Delaware						
		18 CAUSE OF DEATH (Enter on				100			35	В	APPROXI	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSE	E CAUSE (a) C	ardiopulm	nonary	Arrest -	Sep	sis and Sho	ck				
			DUE TO, OF	AS A CONSEQUE	NCE OF								
		Conditions, if any, which	(_(b) P	neumonia									
		gave rise to immediate cause (a), stating the	DUE TO, OF	AS A CONSEQUE	NCE OF								
	- 1	underlying cause lost	(Ic)										
	7	PART 2 OTHER SIGNIFICANT (HE TERM	NAL DISEASE OR CONE	ITION G	IVEN IN I	PART 1	a ·	
	CERTIFICATION	Severe Ju						To avironous	Last 16 W	C MED		100	
1	ICA	19a. DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED		20a AUTOPSY?	IN CERT	IFYING (OF DEATH?	
and the last	RTII	AL ACCIDENT WAS UNDERLYING F	7 216. TIME O	E INTHIDY		Tale HOW IN HIRV	OCCURR	YES NOX		ES []	0.07.0	NO 🗌	
A		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	AY YEAR	ZIC HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	A IM IIEW 18	PARTIOR	PART 2)		
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19	21f. LOCATION							
	MED	21d, INJURY OCCURRED WHILE NOT WHILE	21e PLACE (EET, FACTORY, OFFICE, F	ARM_ETC)	STREET		CITY OR TOV	VN	CO	UNIY	STATE	
		AT WORK AT WORK		امبييس	Augus	+ 10	06	August	20	. 06			
		220 I certify that (4) (this hospi	tol) ottended the	e deceased from _	Rugus	t 19 19		, toAugust_ leath accurred on the do		. 19 <u>86</u>		that (H+ (we) last	
	25	saw the deceased alive an above, (1) (we) (did) (did no	u view the bady	atter death.			apimon o		re and no		-		
		27h SIGNATURE	1	-	21	DEGREE	DING _	MEDICAL STAF		6	S	1/5/	
-		22d. PHYSICIAN'S MAME (TYPE)	700		M	PHYSIC 122e. ADDRESS	CIAN [DIRECTOR PHYSIC	IAN	12	14	180	
/		Gregory	ank l	in Sq. Dr.,	212	37		the self					
	20 (-			
4	23a. E	Burial, cremation, removal (SPECIFY) Burial	236. DATE 8-23-19			phens Cem		23d LOCATION CITY OF TOWN THE Delmar St	10003	COUN	I O T T O	STATE	
		UNERAL DIRECTOR	0-23-13	100 31	· ste	1	250. DATE						
B4			ral Home	Do Iman	Dola			4000	ALMOUNT	Jesna	IGNA	SHIP SHIP	
	Marvel-Short Funeral Home Delaware AUG 27 1986												

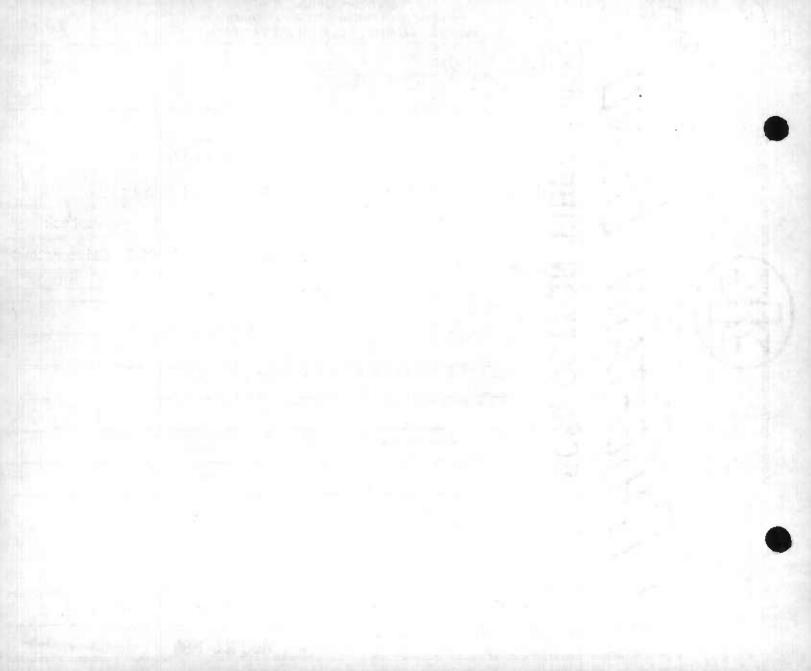
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medica should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal.

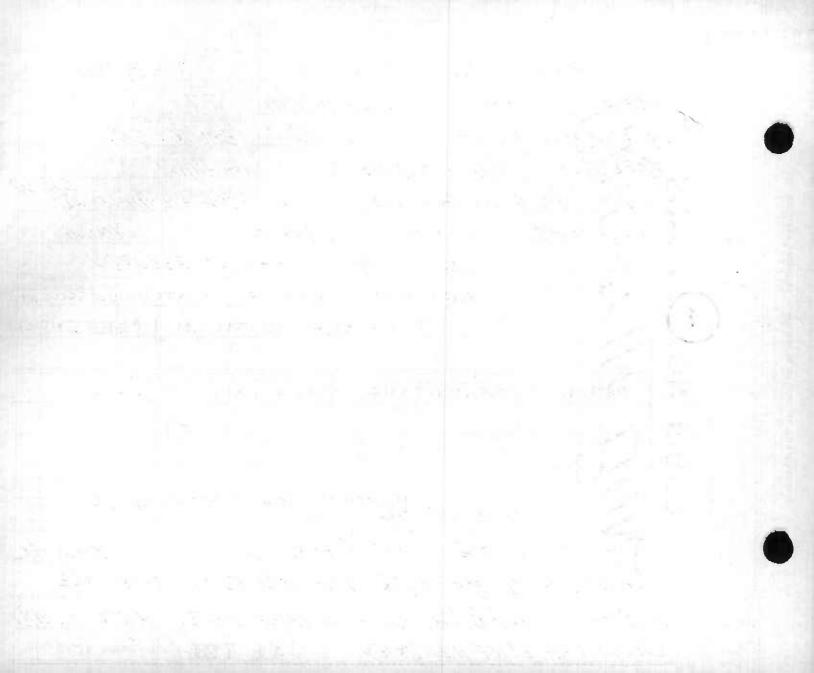


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45 8.85 FE	TYPE	OR PRINT)	Mari		le1en			skevi			Or	ESTI- MATED		8-21	19 86	м
PLE DIRECT OUR FI 27 HO ON STR	Fei	male	White	6 / 28/	1916	70 BIRTHDA	Y) MONTH		HOURS		RONOUI DEAL	NCED	MOI	8-21	19 86	10:59
ST STATE OF THE ST	7e BIF	THPLACE (ST	Md.	USA USA	HAT COUN	ITRY?	MARRIE	V	VER MARRIE	D		imor	_			MD
DOTHER PAGE 5 201 W	F	Y OR TOWN Randall	stown	vn Baltim		SPITAL, NURSING HOME, OR OTHER ACRUITY, GIVE STREET ADDRESS) ONE County General		R INSTITUTION TYPE OF PROSTOF WORLDS LIFE)								
AND 3 PETAIN SECOND	130 ST	Md.		TMO PE	Relation of Relations of Relations (Relation)			13d INSIDE CITY LIMITS? 13e STREET ADDRESS Way 21					21136	136		
KEATH IN STATE OF THE PROPERTY)	THER'S NAME Edwar			Beling			15 MOTHER'S MAIDEN NAME ROSE					De	Dembeck		
ALTIMO ATTER E SIVE PAGE THE FORM AGES IN		S, NO, OR UNKNO	EVER IN U.S. AI	MED FORCES? WAR OR DATES) 16b. SOCIAL SECURITY NO. 212-03-2107 Mrs. Geraldine Benningfield							d Re	isters	town			
W. PRESTON ST., I WITHIN 24 HOUR ENCIL IN ITEM 18. MINER ALCNG W TRANSIT PERMIT. NTAL HYGIENE, DI OR REMCOVAL.		Condition gave ris cause (o)	ATH WAS CAUSI IMMEDIA is, if ony, which e to immediat stoting the under	ATE CAUSE (a) DUE TO, OF	Co RASA CON Hyper	ongest SEQUENCE C tensi	ve C			3.7		isea	ise	8	APPROXIMATE ETWEEN ONSE	INTERVAL I AND DEATH
RECORDS, 201 JUD BE EXECUTED FENDING" IN P FENDING" IN P FENDING EXA FENDING E	ATHON	PART 2 OTHER SM	FNIFICANT CONDITION	(c)		TED TO THE TERMI				T I o				720) AUTOPSY	?
SION OF VITAL STENCATE SHOR NG THE WORD TO THE CHE SHOULD BE USE SHOULD BE USE RICK TO BUREA	CALC	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.A	A. MONTH	DAY YEAR			OCCURRED) (ENTER NA	ATURE OF IN	DURY IN ITEM	A 18 PART I		YES XX	
DIVIS HIS CER WRITEN WARDED AGE 3 S ATE DE	MED	WHILE AT WORK			OF INJURY TORY, FARM, E		71f. LOC	REET	-119		CITY OR TO	wn		COUNTY		STATE
O MEDICAL EXAMINER: T KECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORW O FUNEMA, DIRECTOR: 9 FIFE DEATH, WITH THE ST ALTIMORE, MARYLAND: 2		death resulte ACTUAL SIGNATURE	NAME Der	orge of the remains de ural causes	Her yth	ру Л м.D.	tu	Hamico THTE (SI ASSI	stant	Undeter MEDIC		anner _	D Si	OINED_	8-22-8 21201	
8P256	L Y	burial		8/25/86	Me	adow R	idge	Memor	ial		ikric	dge H			Md. st.	ATE
DHMH - 17 (VR A15 ME (5))	24 FU	ERAINEEC	funeral	Home Reis	terst	own,Md.		12	250. DATE RI	UG 2		AR 256 RE	EGISTRA	R'S SIGN.	ATURE CONT	اعلام

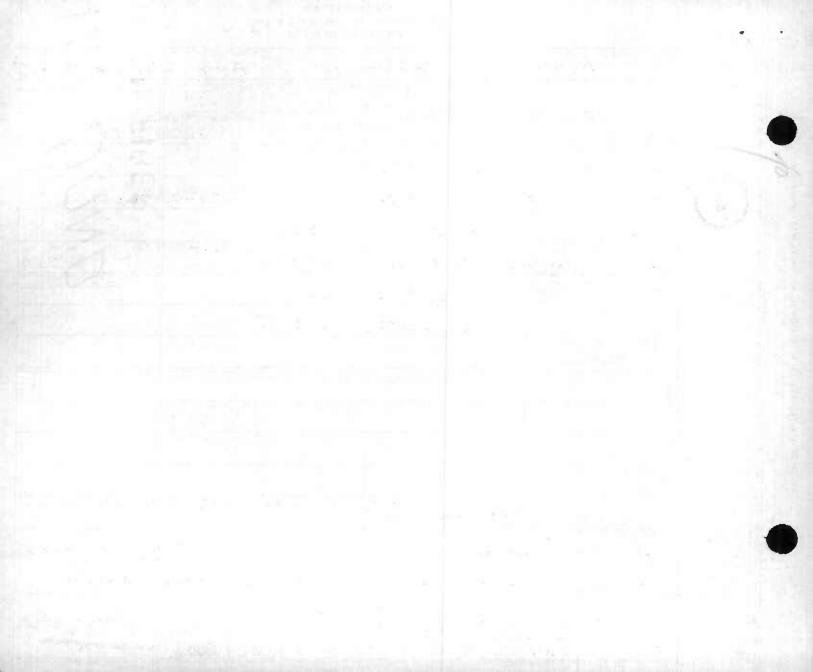


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		1-	FOR STATE		DEPARTMENT OF		2 0		0	1 2	73	
00-	15532		REGISTRAR	M	EDICAL EXAMIN	ER'S CERTI	FICATE OF DE	BATH 4	EG. NO.	3 0	U	
0 0		1. DE	CEASED NAME FIRST		WIDOLE	LAST	Ballica Co.	20. DATE KNO OF EST		YAO HINO	YEAR	26. HOUR
	3 8 S S E	1 (Thadd	7,03	C .	ZACK	<	DEATH MAT		8 12	1986	45
	REGIETA A	3. SE.		5. DATE OF BIRTI	H 6 AGE (IN YE	ARS IF UNDER 1 Y				NTH DAY		2d HOUR
	Z STEE	5	016 11 15	MONTH DAY			YS HOURS MIN	PRONOUNCED DEAD	9	n	2/	1.71
	AN TOOL	17.7	RTHPLACE (STATE OR	TO LY 12		(S.		9. BALTIMORE	CITY OF CC	HINTY OF	1900	D W
	A HE RES	1	REIGN COUNTRY)	to Cinzertor t	COOKINT!	MARRIED M	NEVER MARRIED	0	- OK CC	C	DEATH	
3	S NECESSARY, PLEASE LUNERAL DIRECTOR. EF 5 FOR YOUR FILES. ILD, WITHIN 72 HOURS IN PRESTON STREET.	11.	12W YORK	0-2	· H-	WIDOWED	DIVORCED L	DALT	11701	55 F	OUN	MY MD.
	1 SERECT	110 0	TY OR TOWN OF DEATH		DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)	, OR OTHER INST		SUAL OCCUPATION MOST OF WORKING I		ORK 12b. K1	IND OF BUS R INDUSTR	SINESS
13	5024	K	SLAGSZO	FRAN	KLin Sal	PARE HO	SP. T	2C.H. I	TLL.			1RM4
1	A CONTRACT		AL RESIDENCE (IF IN NURSING HOME OR TATE 136 COUNTY			ON)	IDE CITY LUMITS? 13e.S1	TOPET ADDRESS			2/5	1011
	ASPENDED S		ARYLAN BAIT	Trope	PARK LL	YES [i	1408 F	Oak	Us.	CY OX	04
		14 F	ATHER'S NAME	110.00	TI FIIZIZOTA		OTHER'S MAIDEN NAM		PICIN	<u> </u>	102	
	· 新花》		EIRST	WIDDLE	7 ACK		FIRST	MIDDLE	P.		LAST	
	1 1 1 1	160.3	WAS DECEASED EVER IN U.S. ARM	ED EORCES3	166 SOCIAL SECURIT	V NO 17 INF	ORMANT	AF	DRESS	2 HB	SKH.	
	F 2003	100	ES. NO, OR UNKNOWN) [IF YES, GIVE W	/AR OR OATES)	100 SOCIAL SECONII		Chinairi	^				
-	ATTIMONE.	1		SA	1316305	197	- AWITA	1 15500	ROS			
	HOURS M 18. G NG WIII. NE, DIV		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one cause per li	ne for (a) (b), and (c).)	1				BET	APPROXIMATE	ANO DEATH
	PRESIONST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT. AL HYGIENE, DI REMOVAL.	10	IMMEDIATE		Cordino ano	18					2 HOU	65
	IN 12 IN IT			DUE TO, C	OR AS A CONSEQUENCE	OF				100	.,	.0
	WITHIN NCIL IN NICE A N		Conditions, if ony, which gave rise to immediate	(b)	A SC VI							
	S N S S S S S S S S S S S S S S S S S S		couse (a) stating the under-	< '''	OR AS A CONSEQUENCE	OF			-			
	ZOI W. PRES UTED WITHIN IN PENCIL H EXAMINER, RIAL - TRANSI D MENTAL H ON, OR REM		lying couse last.	(c)								
	よ しい コミフロ		PART 2 DIHER SIGNIFICANT CONDITIONS CO		TH BUT NOT RELATED TO THE TERM	THAT BE TARTED LAND	DITION CIVEN IN PART 1 (a)					
	D BE EXE PENDING MEDICA AS A BU EALTH AI	Z					Prior Orientin I Akt 1 (u					
	L RECORDS. JLD BE EXECUTE PENDING. PENDING. ED ASA BUT HEALTH AN	CERTIFICATION	190 DATE OF OPERATION	10h CONI	DITION FOR WHICH OPER	PATION WAS PER	FORMED?			120	AUTOPSY?	
	SHOULD SHOULD OND "PE CHIEF A LITOF HEAD LIT	5		170 CON	DINOLVY OK WHIELY OF EL	Allow WASTER	, Olivico.					
	MORD WORD SE US BE	1 =	210 EXTERNAL CAUSE WAS	216 TIME	OF INJURY	Tat. 110317 1511	UDV OCCUPATA				YES 🗌	но у
	THE WOLD BE STANEN		UNDERLYING OR		M. MONTH DAY YEAR	R ZIC HOW INJ	TURY OCCURRED LENTE	ER NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
	S CERTIFICA RITING THE RDED TO THE ## 3 SHOULD TO PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF DI		.M. 19							
	CERTIF TING DED TO DEP A DEPA 1 PRICE	9	21d. INJURY OCCURRED		E OF INJURY (AT HOME,	211. LOCATION	4	CITY OR TOWN		COUNTY		STATE
	THIS CHIS CHIS CHIS CHIS CHIS CHIS CHIS C	1 5	WHILE NOT WHILE AT WORK					en on to				OTALL
	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE COUTE THE CERTIFICATE, WRITING THE WORD "PIETURE A SHOULD BE FORWARDED TO THE CHIEF I REUNERAL DIRECTION, PAGE 3 SHOULD BE USED TRE DEFAITMENT OF HE LIGHMORE, MARYLAND, 21201 PRIOR TO BURAL.		22-1 16 11 11 1 1 1 1 1	- California d	I			. 7				
	EXAMINER: T CERTIFICATE, JUD BE FORM DIRECTOR: P WITH THE ST WARYLAND, 2		22a I certify that I taak charge	-01		Autopsy	I, Inspection .	Inquiry	ond in f	my opinion		
	WE BE BE		death resulted from: Natura	ol causes	Accident L., Su			letermined manner	L.			
	Z S S S S S S S S S S S S S S S S S S S	33	ACTUAL HE	200	In		LE (SPECIFY)		D	ATE A	310.15	N-7
	MEDICAL CUTE THE SE 4 SHO FUNERAL TANORE,	1	SIGNATURE SCORE	- Jestel	MO /	M.D	CFOTY ME	EDICAL EXAMINER	S	IGNED _	11210	6
	DE 4 NOS		EXAMINER'S NAME	-	della	nell	1110	-0	30	. 1)	
	TO MEDI EXECUTE PAGE 4 TO FUNE BALTER DE		(TYPE OR PRINT)	EZ	Coltable	ADDRES		CVOS,	10 0	201		
	PAG PAG —	23a. E	URIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CE	METERY OR CREM	ATORY 23d	LOCATION ITY OR TOWN	- 15	COUNTY	STA	ATE
	BP	13	URIAL 8	3-16-10	186 HOLY	KSDSSN	72R B	ALT MO	2	1.0	PARY	anal
	DHMH - 17	24 F	UNERAL DIRECTOR	ADDRE	,8800 HARF	-URD	250. DATE REC'D.		b. REGISTRA		TURE	
	(VR A15 ME (5))	15	VANS CHAPIL	OFMS	MORISS	ROAD	AUG 1	5 1885 4	his Davi	April 1	STRUCK	14.1
	2044 4 / 92	-	The state of the s					- 44				

THE RESERVE 13/1/1/2 Mary and the second of the sec



n : 1	6518	1	FOR - STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND OF HEALTH AND MENTAL TIFICATE OF DEATH	HYGIENE 6	2203	1 2			
,	0010		ECEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR			
	eo tha	114	PE OR PRINT)	X	ZIG	A way.	24,86	4:45 M				
	moy be poge	3 S	EX	4 RACE		TE OF BIRTH	6. AGE IN YEARS LAST BIR	MONIHS DAYS				
	rs of		MALE	WHITE	E AÎ	R. 8, 1914 YEAR	72	YRS.	HOURS MIN.			
0	erol dire		BIRTHPLACE (STATE OR FOREIGN COUNTRY) EW JERSEY	76 CITIZEN OF	Λ	RIED NEVER MARRIED	U 1	ORE COUNTY	MD.			
6			ANDALLSTOWN	(IF NOT IN SU	HOSPITAL, NURSING HOACH FACILITY, GIVE STREET ADDRESS LTO. CO. GEN.		120 USUAL OCCUPAT 11YPE OF WORK FOR MOST O BUTCHER	OF WORKING LIFE) INDUSTRY	126. KIND OF BUSINESS OR INDUSTRY RETAIL MEATS			
AND 213		130		E OR OTHER INSTITUTION DUNTY LTO.	I, GIVE RESIDENCE BEFORE ADMISSI 13c, CITY OR TOWN RANDALLSTO	13d. INSIDE CITY LIMIT	s? 13. STREET ADDRESS 3602 KIN	ZIP CODE GS POINT RD.	#21133			
RYL	6 1999	14.	ATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN	ALIDDAE		AST			
WA	E COLX	E	ARRY		ZIPKIN	FANN	IE	RUDOLP	H			
ORE,	yecu ges 1	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY N		MRS.ESTHEROR					
TIW.	S. Poge	Y	ES WII	-ARMY	127-01-3775	107 STRO	NGWOOD RD. OW					
BAL	oper oper oval.	П	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one cause per	r line far (a), (b), and (c).)			APPRO BETWEEN	DXIMATE INTERVAL NONSET AND DEATH			
ST.	g ph song rems	Н	IMMEDIATE CAUSE (0)									
O .	ottendir ottendir ove cark fion, or				R AS A CONSEQUENCE	E melli	0.5					
4	that the derivative sase remove of, cremotion or other trou		gave rise to immediate cause (a), stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a.									
RDS, 20	equires the signed to burio	NO.										
AL RECO	on. has been to permit. ene prior	CERTIFICATION	19a. DATE OF OPERATION	196 COND	OITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	NG CAUSES OF DEATH?			
OF VITA	g physici g physici di		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DAY YE	AR 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)				
NOISINI	offending offending ter this of s the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TO	ONN CONIA	STATE			
	pital or TOR: Af for use o of Health		220.1 certify that (1) (this has a saw the deceased alive above (1) (well (did)) (did)	ospital) attended the	ne deceased from A	, and that in (my) (aur) api	nian death occurred an the d	24, 1986 ate and hour and from the	, that (I) (we) last se causes stated			
	ox All bospit ched fo Ched fo Ched fo Ched fo Ched fo Ched fo		226 SIONATURE	That yiew the bady		DEGREE		22c. DAT	E SIGNED			
			Sharram (Some	, bouldenton	M.O. ATTENDIN	IG MEDICAL STA	FF SIAN S -	24-86			
6	retoined by th TO FUNERAL should be deta with the State IMPORTANT: H		22d PHYSICIAN'S NAME (IT		MOTABBE	22e ADDRESS	. Co. Gx		المحاقب			
	5 5 6 3 3	230	BURIAL, CREMATION, REMOV	AL 236 DATE	23c. NAME C	E CEMETERY OR CREMATO	DRY 23d LOCATION					
	BP		BURIAL		25,1986 BAL		REISTE	RTOWN BALTO	D. MD			
D	HMH - 16 60M 7/84	24	NAME		N & BROS INC		DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	TURE			
	(VRA 15, 4)		6010 REISTERST	YOWN RD.	BALTO, MD	21215	AUG 2.7 1986	I was tracked	1			



page 3

ne funeral director, page 3 within 72 hours ofter death

ry, or other troumatic event, #

STATE OF MARYLAND		ST	AT	E	OF	M	A	R	Y	L	A	N	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	La	U	O	

1	- STATE REGISTRAR			DUANIA	CERTIF	ICATE OF DEATH	REG. NO	200	. 9		
	ECEASED NAME	FIRST	N	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR		
(14	PE OR PRINT) Car	ol Jo	an Zi	ttle			August	8 1986	9.15PM		
3. S	EX	4.	RACE		5 DATE C	,	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YE.			
1	Female		Caucasi	an	Mary	th 31 1937	49	YRS MONTHS DAT	A HOURS MIN.		
	BIRTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY?	0			R COUNTY OF DEATH			
14	COUNTRY)		U.S.A.			D NEVER MARRIED	Baltimore C	- himter			
	Maryland CITY OR TOWN OF DE.	ATH 11		OSDITAL NURSIN	WIDOWE		120 USUAL OCCUPATI		MD. OF BUSINESS OR		
1		7111	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST O				
	Randallstown			re County (Hospital	Homemaker				
130	UAL RESIDENCE (IF NUR.	13b COUNTY	HER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
	Maryland	Baltim	pre	Reisters	stown	YES NO X		Brook Circle	21136		
14.	FATHER'S NAME	44.15	DDLE	LAST		15. MOTHER'S MAIDEN NAM	NE MIDDLE	ALL DELLA TO	LAST		
V	Jonathan Dean			LASI		Margaret June			LASI		
_	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 IN MARMAOT James		SS	21136		
	(YES, NO OR UNKNOWN)	(# YES, GIVE V	VAR OR DATES)	216-34-1	1271		ook Circle F	bietenetorn	Maryland		
H		1				429 Deacoll Di	OOK CITCLE I				
	18 CAUSE OF DEAT			line for (o), (b), one	dici.)	0 86	1 B. (B.	aetwe	OXIMATE INTERVAL EN ONSET AND DEATH		
		IMMEDIATE	CAUSE (o)	16x	mus	nal Kelas	Perlie 10	easc			
			DUE TO, OF	R AS A CONSEQUE	NCE OF		Cau	con			
	Conditions, if ony		((b)		6.00						
	gove rise to im		DUE TO OF	R AS A CONSEQUE	NCE OF						
	underlying cause	e lost.	(6)	CAS A CONSEGUE							
	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART	1(0)		
Z											
CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	DINGS USED		
1 5							VEC U NOU		NG CAUSES OF DEATH?		
1 2	71a ACCIDENT WAS UN	DEBLYING C	216. TIME O	E IN ILIDY		21c. HOW INJURY OCCURRI	YES NO	YES 🗌	NO 🗆		
	OR CONTRIBUTING		110000	M. MONTH DA	YEAR	THE HOW INJOKY OCCORRI	ED (ENTER NATURE OF INJUI	THEM IS PART OF PART	(1)		
5	(IF EITHER NOTIFY MED		P./		19						
MEDICAL		INJURY OCCURRED 21e PLACE OF INJUR			ARM ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE		
^	AT WORK AT WO	HILE DRK			0						
	220.1 certify that (I) (this hospito	l) otropded the	eceased from_	X	18 . 19 80	_, to _ 8 · 8	19 80	_, that (I) (we) last		
	sow the decease	ed olive on_	5.	19	86.01	nd that in (my) (our) opinion d	eoth accurred on the de	ate and hour and from t	the causes stated		
	226. SIGNATURE	ala (ala nor)	view the body	orrer deorn.		DEGREE		4 22c DA	ATE SIGNED		
	1 (Ke	MODE	"mil	a long		ATTENDING PHYSICIAN	MEDICAL STAT		.8.86		
1	2/4 PHYSICIAN'S N	AME (TYPE OR P	RINT)	307.10		220 ADDRESS			1. 0		
	CRAY!	ADU	RG	G. KI	90	1 BACT	COUNT	Y GAL HO	ospital"		
23a	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
	Burial		08-11-8	36	Druid I	Ridge Cemetery	Pikesville	Baltimor	e Maryland		
24	FUNERAL DIRECTOR	Lowina					REC'D. BY REGISTRAN	15h REGISTRAR'S SIGN	ATURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT If he

TO FUNERAL DIRECTOR.

BP

Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

Terrs after a construction of the construction Tell or to divide the second of the second o

STATE OF MARYLAND

